Initial Request  Modification to your recognition

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| **A. Designation of the company, the organization or establishment requiring recognition**   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Legal name of company or organization: | | | |  | | | | | | | | | | Québec Enterprise Number(1): | | | |  | | | | | | | | | | | | Addess: |  | | | | | | | | | | | |  |  | | | | | | | | | | | | City: |  | | Province, state or other: | | | |  | | | Postal Code: |  | | Country: |  | | Telephone: | |  | | | Ext.: |  | Fax: |  | | | |  | |  | | | |  | | |  | | | |
| **B. Person in charge of the signature of BNQ Service contract**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Correspondence language: English  French | | | | | | | | | | | | | | | | | | | | | | Name:  Mr.  Ms. | |  | | | | | | Email: | |  | | | | | | | | | | | Name of company or organization: | | |  | | | | | | | | | | | | | | | | | | | | Same address as *A*  or: | | |  | | | | | | | | | | | | | | | | | | | | City: |  | | | | Province, state or other: | |  | | | | | | | Postal Code: | |  | | Country: |  | | | | Telephone: |  | | | Ext.: | |  | Fax: | | |  | | | |  | | | |  | | |  | | | | | |  | | | | | | |
| **C. Person in charge of invoice payment**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Correspondence language: English  French | | | | | | | | | | | | | | | | | | | | | | Name:  Mr.  Ms. | |  | | | | | | Email: | |  | | | | | | | | | | | Name of company or organization: | | |  | | | | | | | | | | | | | | | | | | | | Same address as *A*  or *B*  or: | | |  | | | | | | | | | | | | | | | | | | | | City: |  | | | | Province, state or other: | |  | | | | | | | Postal Code: | |  | | Country: |  | | | | Telephone: |  | | | Ext.: | |  | Fax: | | |  | | | |  | | | |  | | |  | | | | | |  | | | | | | |
| **D. Person in charge of follow-up on corrective actions requested by BNQ**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Correspondence language: English  French | | | | | | | | | | | | | | | | | | | | | | | | Name:  Mr.  Ms. | |  | | | | | | | Email: | |  | | | | | | | | | | | Name of company or organization: | | |  | | | | | | | | | | | | | | | | | | | | Same address as *A*  or *B*  or *C*  or: | | | | | |  | | | | | | | | | | | | | | | | | | | City: |  | | | | Province, state or other: | | |  | | | | | | | Postal Code: | |  | | Country: |  | | | | Telephone: | |  | | | Ext.: | |  | Fax: | | |  | | | |  | | | |  | | | |  | | | | | |  | | | | | | |
| **E. Person in charge for the BNQ’s inspection visits (if applicable)**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Correspondence language: English  French | | | | | | | | | | | | | | | | | | | | | | | Name:  Mr.  Ms. | |  | | | | | | | Email: | |  | | | | | | | | | | | Name of company or organization: | | |  | | | | | | | | | | | | | | | | | | | | | Same address as *A*  or *B*  or *C*  or *D*  or: | | | | | |  | | | | | | | | | | | | | | | | | | | City: |  | | | | Province, state or other: | | |  | | | | | | | Postal Code: | |  | | Country: |  | | | | Telephone: | |  | | | Ext.: | |  | Fax: | | |  | | | |  | | | |  | | | |  | | | | | |  | | | | | | |

*(1) As it registered with the "Registraire des entreprises du Québec" (REQ) for companies operating in Québec.*

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| **F. If applicable, name and contact details of the consultant hired**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | | | | | |  | | | | | |  | | | | | |  | |  |  |  | |
| **G. List of trainings for which recognition is requested (reference: chapter 2 of the BNQ 3009-900 recognition document) and associated costs.** (Please check where appropriate)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Title of trainings to be recognized**  (Reference: chapter 2 of the BNQ 3009-900 recognition document) | | | **Number of trainings to be recognized (NOTE 1)** | | | | | | **Number of trainers proposed by training (NOTE 1)** | | | | **Subtotal of supplements by training, if applicable ($)** | | **1st** | **2nd** | **3rd** | **4th** | **5th** | **6th** | **1st** | **2nd** | | **3rd** | | **included** | **+ $ 165 or + $ 230 AS APPLICABLE, FOR EACH ADDITIONAL TRAINING** | | | | | **included** | **+ $ 230  FOR EACH ADDITIONAL TRAINER** | | | | MOLD |  | Contamination investigation (chapter 5 of BNQ 3009‑600 standard) |  |  |  |  |  |  |  |  | |  |  | |  | Rehabilitation of the building (chapter 6 of BNQ 3009‑600 standard) |  |  |  |  |  |  |  |  | |  |  | |  | Contamination investigation and rehabilitation of the building (entire BNQ 3009-600 standard) |  |  |  |  |  |  |  |  | |  |  | | MERULA |  | Contamination investigation (chapter 5 of BNQ 3009‑610 standard) |  |  |  |  |  |  |  |  | |  |  | |  | Decontamination and corrective work (chapter 6 of BNQ 3009‑610 standard) |  |  |  |  |  |  |  |  | |  |  | |  | Contamination investigation and decontamination and corrective work (entire BNQ 3009-610 standard) |  |  |  |  |  |  |  |  | |  |  | |  |  |  | Subtotal of all supplements: | | | | | | | | | |  | |  |  |  | Basic Fee: | | | | | | | | | | $710.00 | |  |  |  | Total (to be paid as a non-refundable deposit, plus tax): | | | | | | | | | |  | | **NOTE 1 :**  Policy for establishing recognition fees according to:   * the number of trainings covered by the request for recognition and * the number of trainers proposed for each of the requested training,   and this, for recognition requests submitted at the same time using this form. | | | | | | | | | | | | | | | Basic costs (one training including one trainer): | | | | | | | | | | | $710.00 | | | | Supplement for each additional training requested comprising 1 chapter: | | | | | | | | | | | $175.00 | | | | Supplement for each additional training requested comprising 2 chapters: | | | | | | | | | | | $230.00 | | | | Supplement for each additional trainer presented for a given training: | | | | | | | | | | | $230.00 | | | |

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| **H. A recognition letter will be provided in French. A translation of this document may also be provided in English, upon request.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Do you also want a translated version in English? Yes  No | | | | | |  |  |  |  | |
| **I. Documents required in the recognition document when applying for recognition**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | I enclose with this request all the documents required for each of the training courses to be recognized (see section G), as mentioned in the recognition document BNQ 3009-900 (it is understood that the BNQ will treat this information in a strictly confidential manner.)  Yes  No : please justify: | | | | | |  |  |  |  | |
| **J. General information**   |  |  | | --- | --- | | Do you currently hold any other accreditations/certifications? (ISO/IEC 17025, ISO 9001, ISO 14001, etc.) | Yes No | | If yes, according to which standard |  | | What is your accreditation/certification body? |  | | Would you be interested in being contacted by a BNQ representative to analyze the different accreditation/certification options? | Yes  No | | Do you use the help of a consultant? (Name and company): |  | | How did you hear about the BNQ? | BNQ Website  Consultant  Social networks (e.g.: LinkedIn)  Advertising  Other: | |

Having reviewed the applicable requirements relating to the recognition program covered by this recognition request:

* the client requests recognition of the aforementioned training(s).
* the client acknowledges having read and undertakes to comply with the conditions of the applicable standard and of the recognition document BNQ 3009-900 as an integral part of the requirements of this request.
* the client agrees to comply with these requirements and provide the BNQ or its representatives with any information required for the assessment.
* the client agrees to pay to the BNQ a non-refundable amount, plus tax, if applicable, to cover the cost for the work necessary for the recognition, payable upon the signing of this application.

**PAYMENT TERMS**

You will find below the method of payment required for this recognition program (by check, credit card [Visa or MasterCard] or by bank transfer).

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| GST Registration no.: 862834439 RT 0001; QST Registration no.: 1013387857 TQ 0001. | | | | | | | | |
| Check or money order (payable to the order of Bureau de normalisation du Québec) | | | | | | | | |
| Visa  MasterCard | | | | | | | | |
| Card no.: | (16 digits) | | | Expiration date: | |  | / |  |
| Security code (3 digits on back of the card): | | |  | |  | Month |  | Year |
| Name of Card holder: | | Mr.  Ms. | | (in capital letters) | | | | |

Please note that if you wish to pay by bank transfer, it is essential for the BNQ that you send us a NOTICE OF PAYMENT indicating the name of your company in reference to your payment in order to apply your deposit (the bank transfer form is attached to the recognition form).

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| *The contact details for sending this document can be found at the end of this application for recognition.* | | | | | | | | |
|  |  |  |  |  |  |  |
| **Applicant Name** (*in capital letters*) | Year Month Day | | | | | |

**Applicant Signature**

Encl. Bank Transfer Form.