

# **ELIGIBILITY FORM**

-Package contents-

NQA Eligibility Form

#### **IMPORTANT – Read First:**

- 1. Do not leave sections of this form blank, write "NA", where the questions do not apply.
- 2. Electronic copies of this completed form may be submitted to the BSJ by using the submit form tab in the upper right comer of the document.
- 3. All information obtained in this form will remain confidential as per The Standards Act 1969 Clause 15.

### THE BUREAU OF STANDARDS JAMAICA NATIONAL QUALITY AWARDS PROGRAMME ELIGIBILITY FORM

Information provided to the Bureau of Standards Jamaica will be treated with the strictest confidence and will only be used for the eligibility, evaluation and assessment for the National Quality Awards Programme.

1.	Name of Highest Ranking Official		
2.	Position:		
3.	Name of establishment:		
4.	Address of Site(s) to be assessed:		
5.	Contact Number(s)		
6.	Email Address		
7.	Type of Establishment:		
	Manufacturing Service Organization SME (SME please co	mplete qu	estion 8)
8.	Requirements for the SME (If not a SME, please continue to question	n 9)	
a.	More than 5 but fewer than 100 employees	Yes	No □
b.	Capital Base (Excluding Land and Building) \$500,001 - \$50,000,000		
Im	<b>portant</b> : If you answer no to any of Question 8, please complete the Manuf Service Sector Self Assessment Checklist	Facturing S	Sector or
9	How long has your company been in operation? Years		
10	Do you possess a Tax Compliance Certificate for the company?	Yes	No □
11	Is the Company Registered with the Registrar of Companies?		

## THE BUREAU OF STANDARDS JAMAICA NATIONAL QUALITY AWARDS PROGRAMME ELIGIBILITY FORM CONTD...

12	Is your Company Reg	istered with the Bure	au of Standa	rds Jan	naica?	Yes	No	N/A
13	State any professional	organization of whic	ch you are a i	nembe	r.			
	State the Number of E Please list the Product			ered:				
16	Indicate the destinatio	n of the Product(s) /	Locale of use	ers of s	ervice(	s): -		
	Local	International			Both			
If both, state the percentage of each:Local			International					
If t	ooth, state the percentag	ge of each:	Local		Inter	matio	- nal	
	<ul> <li>Are your operations g</li> <li>✓ Documented Stand</li> <li>✓ Quality Manual/Po</li> <li>✓ Best Practices Mature</li> </ul>	uided by any of the f lard Operating Proce blicy Manual	ollowing?	Yes	No		nal rocess ] ]	3
17	<ul> <li>Are your operations g</li> <li>✓ Documented Stand</li> <li>✓ Quality Manual/Po</li> </ul>	uided by any of the f lard Operating Proce olicy Manual nual	ollowing? dures		No □ □	In P	rocess ] ]	

20 If yes, explain the nature of your involvement

#### THE BUREAU OF STANDARDS JAMAICA NATIONAL QUALITY AWARDS PROGRAMME ELIGIBILITY FORM CONTD...

#### **APPLICANT'S DECLARATION**

I declare that all statements appearing on this application are true and correct to the best of my knowledge and belief.

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Signature of the Highest Ranking Official

Date