



QUALITY SYSTEM AUDITORS REGISTRATION SCHEME

REGISTRATION RENEWAL FORM

Instructions for filling in Application

- 1) It is advisable to read the *MRCA 001 Booklet for Application* before completing this form. Applicant must be willing to abide by these terms and conditions
- 2) All entries must be answered correctly and completely. False or misleading information may lead to refusal of your application or eventual withdrawal of registration so granted
- 3) All supporting documents must be certified correct by your sponsors
- 4) Incomplete submission will result in application form in its original condition returned to applicant for further actions
- 5) If space provided is insufficient, please use additional sheets of paper
- 6) If attachment is provided, write the word "see Attachment XX" at the relevant space on this form and the accompanying documents

I, the undersigned hereby wish to apply for renewal of my quality system auditor certificate which is to expire on

1. PERSONAL PARTICULARS

(a) Name in full : Title :
(Please use capital letters and underline surname) (Indicate whether Mr., Ms., Prof., Dr. etc.)

(b) QSARS Registration No :

(c) Company Name / Address (If new):

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Telephone : Fax :

E-mail :

(d) Residential Address (If new) :

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Telephone/Fax : E-mail :

2. INDUSTRY EXPERIENCE (please indicate a maximum of 4 fields of experience):

<input type="checkbox"/> Agriculture, Forestry & Fishing	<input type="checkbox"/> Health & Community Services	<input type="checkbox"/> Printing / Publishing / Media
<input type="checkbox"/> Communication Services	<input type="checkbox"/> Hospitality Industry	<input type="checkbox"/> Property & Business Services
<input type="checkbox"/> Construction	<input type="checkbox"/> Machinery & Equipment	<input type="checkbox"/> Public Administration & Defence
<input type="checkbox"/> Education	<input type="checkbox"/> Metal Products manufacturing	<input type="checkbox"/> Retail Trade
<input type="checkbox"/> Electrical Engineering	<input type="checkbox"/> Mining	<input type="checkbox"/> Software
<input type="checkbox"/> Electricity, Gas & Water	<input type="checkbox"/> Non metallic mineral Products	<input type="checkbox"/> Textiles / Clothing / Footwear
<input type="checkbox"/> Environmental Industry	<input type="checkbox"/> Other manufacturing	<input type="checkbox"/> Transport & Storage
<input type="checkbox"/> Finance & Insurance	<input type="checkbox"/> Personal & Other services	<input type="checkbox"/> Wholesale Trade
<input type="checkbox"/> Food & Beverages Manufacturing	<input type="checkbox"/> Petroleum, Coal & Chemical	<input type="checkbox"/> Wood & Paper Products

Indicate if you are able to undertake private audit work. Yes/No

3. QUALITY MANAGEMENT SYSTEM AUDITS PERFORMED

(MINIMUM OF 2 COMPLETE AUDITS OR EQUIVALENT TO 2 COMPLETE AUDITS FOR EACH YEAR – FOR MRCA-OA & MRCA-SA ONLY) (Refer to Requirement 21.1, 21.2, 21.3, 21.4 & Table 1 of MRCA 001)

N.B. To be filled in MRCA PD 11-2

4. PROFESSIONAL DEVELOPMENT TRAINING / COURSES ATTENDED & EXAMINATIONS PASSED IN QUALITY ASSURANCE MANAGEMENT

(MINIMUM OF 15 HOURS OF APPROPRIATE CONTINUING PROFESSIONAL DEVELOPMENT (CPD) IN 2 YEARS FOR OA & SA GRADE AUDITORS ONLY) (Refer to Requirement 21.1 & 21.2 of MRCA 001)

Dates / period	Duration of training / course (to the nearest 1/2 day; if less than 1/2 day, specify in hours)	Name of Course / Examination	Result of Examination [Please state "passed" or otherwise] *

N.B. Please include certified photocopies of Certificates

* N.B. If unable to establish the result of examination from the wording in the course certificate, MRCA will consider the result as being inconclusive. For example, this applies to training bodies that solely use "Landscape" or "Portrait" certificate format to indicate "Passed" or "Failed" without any statement of performance in the examination

5. DECLARATION

- (a) I, the undersigned, declare the foregoing information to be true to the best of my knowledge.
- (b) I hereby undertake
 - (i) to comply with QSARS requirements and the terms and conditions detailed in MRCA 001 Booklet.
 - (ii) to pay all fees and costs connected with the registration process irrespective of the decision granting of registration.
- (c) I understand that application form with INCOMPLETE information will be returned to me for further actions through the normal mail at my own risk
- (d) I hereby submit evidence of Continuous Professional Development (CPD) to the Malaysia Register of Certificated Auditors (MRCA) as part of the condition for maintenance and renewal.

Signature : Date:
Name in full :

Please return to :
General Secretary
Malaysia Register of Certificated Auditors (MRCA)
Established by the Institute of Quality Malaysia (Reg. No. 2423
Selangor)
No 25-2, Plaza Danau 2, Jalan 5/109F,
Taman Danau Desa
58100 Kuala Lumpur
Tel : 603-79848700 Fax : 603-79848711
E-mail: contact@iqm.org.my Website : <http://iqm.org.my>

<p>For office use only Date received: Cheque/M.O. No.: Approval Date: Result: APPROVED / REJECT QSARS Registration No.: Date Applicant Informed:</p>
