



Product Certification Unit,
 Department of Director – General Office,
 Lembaga Perindustrian Kayu Malaysia,
 Level 13-17, Menara PGRM,
 No.8, Jalan Pudu Ulu, Cheras
 56100 Kuala Lumpur, MALAYSIA.
 Email: info@mtib.gov.my
 URL Address: <http://www.mtib.gov.my>
 Tel: 03-9282 2235 Fax: 03-9284 6214

PRODUCT CERTIFICATION QUESTIONNAIRE

Enquiry Taken By:	Enquiry Date:	Method of Enquiry: <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Email
-------------------	---------------	--

FOR INTERNAL USE ONLY

A. APPLICANT INFORMATION

1. Name and address of applicant:

Company/Business Registration No.: _____

Contact Person: _____

Tel: _____ Fax: _____

If the company is registered with MTIB, please state TS No., category and license validity date:

TS: ____/____ () Category: _____ Licence validity date: _____

2. Name and address of Factory/Manufacturer (*if different from A1*):

Company/Business Registration No.: _____

Contact Person: _____

Tel: _____ Fax: _____

If the company is registered with MTIB, please state TS No., category and license validity date:

TS: ____/____ () Category: _____ Licence validity date: _____

3. Particulars of Certification currently held by the manufacturer, if any (including Quality System Certification)

4. Do you have other production sites which would be included within this certification application?

If yes, please provide details.

B. PRODUCT INFORMATION

(Please provide information as listed below. Attach supplementary sheets if space provided is sufficient.)

1. Product Name:

2. Type (s):

3. Product Description

(Please attach relevant documents such as technical drawing, photograph, component & material, label or marking details, and provide information as per Annex 1)

4. Define the batch or lot of product and describe batch coding system used:

5. State type of packing & sizes:

6. Product (s) test report (s) details (if available)

(Please attach copy of the test report)

Report No.: _____

Issue Date(s): _____

Test Laboratory Name & Address: _____

**FOR INTERNAL
USE ONLY**

C. FACTORY INFORMATION

- 1. No. of employees: _____
- 2. Estimated monthly output of product to be certified (quantity): _____
- 3. No. of shifts per day: _____
- 4. Quality Control / Quality System Details
(Please briefly describe system in Annex 2 and 3). _____
- 5. Please attach:
 - i) Company organization chart;
 - ii) Production flow chart;
 - iii) Product labeling and product description brochures (if available) and
 - iv) List other attachments below
 - a)
 - b)

D. DECLARATION

This is to certify that the information /statement given in this questionnaire are correct to my knowledge.

Signature:	Date:
_____	_____
Name of authorised representative:	Designation:
_____	_____

**FOR INTERNAL
USE ONLY**

Annex 1

List of components and materials

Item	Product Name/type	Technical Data	Manufacturer	Approval

Annex 2

Quality Control Checking Schedule

Production Stage	Control Items	Quality Control/ Control Standard	Frequency	Form No.

Annex 3

Product Test Equipment List and Calibration Schedule

Equipment (Name, Model, Serial No.)	Parameters Calibrated	Range Use of Testing	Frequency of Calibration	Name of Calibration Laboratory