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**PRODUCT CERTIFICATION QUESTIONNAIRE**

**FOR INTERNAL  
 USE ONLY**

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

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**C. FACTORY INFORMATION**

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USE ONLY**

- 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:
_____	_____

**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