

CICM Safe Road Award 2018

Organiser:



Sponsor:



APPLICATION FORM

A. COMPANY DETAILS

Company Name : _____

Name of Chief Executive Officer /
Managing Director : _____

Contact Point for Enquiries & Assessment:

No.	Name	Email Address
1.	_____	_____
2.	_____	_____

Address : _____

Tel No : _____

Fax No : _____

Website : _____

Headquarters' Address & Contact Details

Address : _____

Tel No : _____

B. OTHER COMPANY DETAILS

B1. Quality / OSH / Environmental / Transport Management System Certifications:

Type	Certification Body	Scope	Registration No	Expiry Date

(Note: please provide as separate attachment if the space is not sufficient)

B2. Operations Overview:

What are the products transported?:	
Years of Operation:	
Location of Sites and Depot <i>(related to chemical operations):</i> <i>(Note: please provide as separate attachment as the space is not sufficient)</i>	
Total Fleet Strength <i>(company & sub-contractor):</i>	
Total Drivers <i>(company & sub-contractor):</i>	

B3. Company Profile:

Please provide a brief write-up of your company in 200-250 words together with the soft copy of your company logo *(in Adobe Illustrator (AI) and JPEG formats)*. This will be used for the Chemical Industry Dinner booklet and other publicity activities related to the Award.

Yes, submitted together with this application form *(please tick (✓) if applicable)*

C. PARTICIPATION IN THE CICM SAFE ROAD AWARD 2018

Our company will be participating in the CICM Safe Road Award 2018. We would like to confirm that our company is *(please tick (✓) whichever applicable)*:

- A CICM member
 A Responsible Care signatory
 Transporter of a CICM member and / or Responsible Care signatory company.
(Please indicate) The said company is: _____

D. DECLARATION

- I / We hereby declare that during the period of assessment *(please tick (✓))*:
 - There were **NO** fatality cases and / or penalties imposed and / or licenses suspended by Government authorities (concerning transportation safety) against our company during the period of assessment i.e. July 2017 – June 2018.
- I / We hereby declare that the information provided in the application and the accompanying documents are true and correct.

.....
**Signature of Chief Executive Officer /
Managing Director**

.....
Date

.....
Name in Block Letters

.....
Organisation Stamp

Notes:

- Companies are required to submit the entire self-evaluation form and the required supporting documents in soft copies.
- Participation fee should be made payable to the "Chemical Industries Council of Malaysia".

E. CICM ASSESSMENT (to be completed by CICM Assessors & Secretariat)

Assessment Team:

Lead Assessor:

Name:	
Company:	
Phone / Mobile No:	
Email:	

Other Assessors:

1. Name	
2. Name	

Record of Participating Company:

	Date	Remarks
Submission of Award Checklist		
Submission of Supporting Documents		
Submission of Company Profile		
Documentation Review		
Site Verification		
Participation in Past Safe Road Award		