



IVMS Vendor Registration Form

Date of Request for Registration:					
IVMS Manufacturer*					
Hardware Model No*		Software Version *		Country of Origin*	

TRA Certificate No*:		TRA Approval Validity* (DD/MM/YYYY):	
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(Attach TRA Approval Certificate copy)

Supplier Name (As in TRA Registration) *	
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Address (As in TRA Registration) *	Post Box # *		Postal Code # *	
	Way No		Street Name	
	Governorate *		Country *	
Email *		Phone No *		Fax No

Commercial Registration (CR) No *		Commercial Registration Validity (DD/MM/YYYY) *	
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(Attach CR Copy)

Supplier Focal Point Contact Details (Primary) *	Full Name *	
	GSM No *	
	Office No	
	Email *	
Supplier Focal Point Contact Details (Alternative) *	Full Name *	
	GSM No *	
	Office No	
	Email *	

OPAL Membership Number *		OPAL Membership Validity *	
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(Attach Membership Certificate)

OPAL CVC Validity (DD/MM/YYYY)		OPAL HSEMS Validity (DD/MM/YYYY)	
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(Attach CVC & HSEMS Certificate copies)

HSEMS Focal Point *	Full Name *	
	GSM No *	
	Office No	
	Email *	

Supplier is requested to submit Hazard and Effects Management Process (HEMP) for IVMS Installation, Driving, Technician's Site Visit and other relating to IVMS Installation

QMS Focal Point*	Full Name*	
	GSM No*	
	Office No*	
	Email*	

Supplier is requested to submit QA/QC program for devices and IVMS Installation process/procedure

Other details supplementing the evaluation request	
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(can attach if the space is insufficient)

Note: All * fields are mandatory



IVMS Vendor Registration Form

***** For OPAL Use Only *****

Application Received on	
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Evaluation Date:		Evaluation Result:	
Report Approved Date:		Report Approved By:	

(Attach Report)

Year 1 Surveillance # 1 Date:		Year 1 Surveillance # 1 Result:	
Report Approved Date:		Report Approved By:	

(Attach Report)

Year 1 Surveillance # 2 Date:		Year 1 Surveillance # 2 Result:	
Report Approved Date:		Report Approved By:	

(Attach Report)

Year 2 Surveillance # 3 Date:		Year 2 Surveillance # 3 Result:	
Report Approved Date:		Report Approved By:	

(Attach Report)

Year 2 Surveillance # 4 Date:		Year 2 Surveillance # 4 Result:	
Report Approved Date:		Report Approved By:	

(Attach Report)

Re-Evaluation Date:		Re-Evaluation Result:	
Report Approved Date:		Report Approved By:	

(Attach Report)