

FORM A1  
SECTOR REGISTRATION WITH REGULATORY AUTHORITY

DEVELOPING AND IMPLEMENTING AN EHSMS COMPLYING  
WITH THE ABU DHABI EMIRATE REQUIREMENTS



General Information			
Name of Regulatory Authority:		Sector Classification Code:	
Sector Name:	<input type="checkbox"/> Building & Construction <input type="checkbox"/> Energy <input type="checkbox"/> Health	<input type="checkbox"/> Industry <input type="checkbox"/> Oil & Gas <input type="checkbox"/> Tourism	<input type="checkbox"/> Transport <input type="checkbox"/> Waste <input type="checkbox"/> Other
Number of Targeted Entities:		<i>Please Attach a list of Targeted Entities</i>	
Name of Higher Committee Representative:			
Name of Technical Committee Representative			
Contact of Head Office within Emirate:	Address:	Coordinates: Zone : _____ Northing : _____ Easting : _____	
	Telephone No.:	E-mail Address:	
	Fax No.:	P.O. Box:	
Authorised Contact Person:			
Authorised Contact Person Position:			
Contact of Authorised Person:	Telephone No.:	E-mail Address:	
	Fax No. :	P.O. Box :	
Other Branches / Site Office:	Address		Coordinates
		Northing	Easting
Location Map:	<input type="checkbox"/> Location map(s) of Head Office and Branches attached.		

Schedule of Developing & Implementation of Abu Dhabi Emirate EHSMS	
Target Date for Completing the Development of EHSMS:	_____ (Day) _____ (Month) _____ (Year)
Target Date for Commencing the Implementation of EHSMS:	_____ (Day) _____ (Month) _____ (Year)

Additional Information on EHSMS already Implemented by the Regulatory Authority			
Environmental Management System (EMS)		Occupational Health & Safety Management System (OHSAS)	
<input type="checkbox"/>	Have an EMS in place and certified to ISO 14001.	<input type="checkbox"/>	Have an OHSMS in place and certified to OHSAS 18001.
<input type="checkbox"/>	Have an EMS in place based on ISO 14001 but not certified by third party.	<input type="checkbox"/>	Have an OHSMS in place based on OHSAS 18001 but not certified by third party.
<input type="checkbox"/>	No EMS in place.	<input type="checkbox"/>	No OHSMS in place.

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**Comments** (Please add any additional comment or statement that may be relevant to developing EHSMS)

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**Declaration**

I declare that all information provided in this document is true, correct and complete.

Signature of the Authorised Contact Person:		Regulatory Authority Official Stamp :	
Date :	____/____/____		

**Official Use**

EHSMS Registration Number Assigned to Regulatory Authority: \_\_\_\_\_

(a) Deadline for completing the development of EHSMS : \_\_\_\_ (Day) \_\_\_\_ (Month) \_\_\_\_ (Year)

(b) Deadline for commencing the implementation of EHSMS : \_\_\_\_ (Day) \_\_\_\_ (Month) \_\_\_\_ (Year)

Remarks :

**Competent Authority Stamp**

**Entered into Database by:**

	Name:	
	Signature:	
	Date:	____/____/____
	<b>Reviewed by:</b>	
	Name:	
	Signature:	
	Date:	____/____/____