

FORM A  
ENTITY REGISTRATION WITH REGULATORY AUTHORITY

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



General Information			
Name of Entity:			
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
Business Type / Activities:			
Number of Employees:			
Contact of Head Office within Emirate:	Address:	Zone : _____ Coordinates: 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 Entity			
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 statements 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:		Entity Official Stamp :	
Date :	____/____/____		

**Official Use**

EHSMS Registration Number Assigned to Entity: \_\_\_\_\_

Sector Classification Code Assigned to Entity: \_\_\_\_\_

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

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

Remarks :

**Regulatory Authority Stamp**

**Entered into Database by:**

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