

CONSTRUCTION INDUSTRY DEVELOPMENT AUTHORITY, SRI LANKA

APPLICATION FOR REQUESTING TECHNICAL AUDITING OF IDENTIFIED CONSTRUCTION WORKS (ICW)	Application No. TA/RQ
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PART A. APPLICANT'S INFORMATION: PERSONAL/ORGANIZATION DETAILS

1 Name of Applicant		
2 Designation		
3 Name of the Organization		
4 Permanent Address		
5 Contact Address		
6 Contact details	Applicant	Contact Person	
Phone (Office):		
Phone (Home):		
Mobile:		
Fax No.:		
e-mail:		
7 Position of the Applicant	<input type="checkbox"/> A. Owner of the Project/ICW <input type="checkbox"/> A1 Individual <input type="checkbox"/> A2 Company <input type="checkbox"/> A3 Government Organization <input type="checkbox"/> B. Owner's Representative <input type="checkbox"/> C. Not the Owner but a Government Organization		

PART B. DETAILS OF THE ICW / PROJECT TO BE AUDITED

8 Project Title												
9 Project Reference No.	<i>Project Reference No. may include a) acronym/abbreviation of project, IA/Owner & b) number assigned by them</i>	Value of Works Rs.	<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>										
10 Location of Project/ Work Site												
11 Scope of the work to be Audited												
12 Current Status/Stage of Activity	<input type="checkbox"/> Planning <input type="checkbox"/> Feasibility Studies <input type="checkbox"/> Investigations <input type="checkbox"/> Design <input type="checkbox"/> Tendering <input type="checkbox"/> Construction <input type="checkbox"/> Commissioning <input type="checkbox"/> Handing over <input type="checkbox"/> Operation <input type="checkbox"/> Maintenance <input type="checkbox"/> specify												

13 Description of Works				
Nature of Works	Type of Construction	Systems & Installations		Type of Preparatory Works
<input type="checkbox"/> New Construction	<input type="checkbox"/> Buildings	<input type="checkbox"/> Heating	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> Site Clearance
<input type="checkbox"/> Alteration	<input type="checkbox"/> Structures	<input type="checkbox"/> Ventilation	<input type="checkbox"/> Walls	<input type="checkbox"/> Earthmoving
<input type="checkbox"/> Repair	<input type="checkbox"/> Landscapes	<input type="checkbox"/> Air-Conditioning	<input type="checkbox"/> Facades	<input type="checkbox"/> Access Works
<input type="checkbox"/> Restoration	<input type="checkbox"/> Lighting	<input type="checkbox"/> Escalators and Lifts	<input type="checkbox"/> Excavation
<input type="checkbox"/> Extension	<input type="checkbox"/> Power Supply	<input type="checkbox"/> Communications	<input type="checkbox"/> Shorings
<input type="checkbox"/> Painting/Decorating	<input type="checkbox"/> Water Supply	<input type="checkbox"/> IT Networks	<input type="checkbox"/> Scaffolding
.....	<input type="checkbox"/> Drainage	<input type="checkbox"/> Soild Waste Management	<input type="checkbox"/> Tunneling/Boring
.....	<input type="checkbox"/> Sanitation	<input type="checkbox"/> Site Restoration
Any Other/s (please add and specify under relevant heading)				

14 Current Status of Construction of the ICW/Project for which Technical Auditing is requested			
<input type="checkbox"/> a) not commenced	<input type="checkbox"/> b) in progress	<input type="checkbox"/> c) suspended	<input type="checkbox"/> d) completed (If so, have the following certificates been issued?)
15 Have relevant approvals/permits been obtained? <small>(Please furnish a list of such approvals/permits, using A-4 size sheets)</small>		Yes	No
16 Are any actions/proceedings (e.g., Litigation, Adjudication or Arbitration) in progress which may lead to any conflict or duplication of Technical Auditing? (If yes, please specify)		Yes	No
		d1) Taking -over Certificate	Yes No
		d2) Performance Certificate	Yes No
		d3) _____	Yes No
		d4) _____	Yes No

PART C: UNDERTAKING TO BE SIGNED BY THE APPLICANT

I affirm that all information given in this application and the documents attached thereto are true and accurate.

Name of Applicant:

Signature of Applicant

Date

17 Receipt of Application		18 List of Documents received with the Application																			
We hereby acknowledge receipt of the application submitted by the above Applicant and the documents attached to it as given above.		a) _____																			
Date received by CIDA		b) _____																			
<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>		D	D	M	M	Y	Y	Y	Y	c) _____											
D	D	M	M	Y	Y	Y	Y														
Receiving Officer		d) _____																			
Name:		e) _____																			
Designation:		f) _____																			
Signature and Official Stamp:		g) _____																			
For Construction Industry Development Authority		h) _____																			
		i) _____																			
		j) _____																			
		k) _____																			
		l) _____																			
		m) _____																			
19 Cost of Technical Auditing (as per Agreement between CIDA and Applicant):		Rs.																			
20 Payments due/made by the Applicant		A. Application Fee for requesting Technical Auditing				B. Advanced Payment to proceed with Technical Auditing				C. Payment to be made before issuing the Report											
Amount due (Rs.)																					
Amount paid (Rs.)																					
Date paid		D D M M Y Y Y Y				D D M M Y Y Y Y				D D M M Y Y Y Y											
Receipt No.																					
21 Reference to Quality Management Auditors (QMA)																					
Name/s of Quality Management Auditor/s:																					
Date of Selection of Quality Management Auditor/s																					
Date referred to Quality Management Auditor/s																					
Due date to report back by Quality Management Auditor/s																					
Date of notifying the Applicant regarding feasibility of Auditing																					
Date of receipt of Audit Proposal																					
Date of Appointment of Quality Management Auditor/s																					
Date of Agreement between CIDA and the Applicant																					
Date of commencement of the Audit																					
Date of submission of interim/draft Audit Report																					
Date of Tri-party (CIDA/Applicant and QMA) meeting																					
Date of submission of Final Audit Report to CIDA																					

Notes to Applicants

- 1 Please send your duly completed application form and all accompanying documents under sealed cover marked "Request for Technical Audit" by registered post or hand delivered along with the application fee specified in the second schedule to the following address:
 Director General
 CONSTRUCTION INDUSTRY DEVELOPMENT AUTHORITY
 "Savsiripaya"
 123, Wijerama Mawatha
 Colombo 07
 SRI LANKA
- 2 Please note that non submission of required details & supporting documents may cause delays in processing.
- 3 For speedy processing and integrating your information , please submit also a digital copy of your application.
- 4 The applicant will be informed if the request is not technically auditable or if auditable will appoint Quality Management Auditor/s selected from among the persons who are listed in the Register of Quality Management Auditors maintained by the Authority.
- 5 The Second Schedule

Rates for Levying of Fees of Technical Auditing

Item Description	Amount (Rs)
1.Application fee for requesting Technical Auditing	Rs.5000.00
2.Advance Payment to proceed with Technical Auditing	50% of the cost estimate
3.Payment to be made before issuing the report	Balance 50% of the cost estimate