Application for certification of management systems

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| To be filled in by CERTIND  |
| Initiation file no. |  | Certification file no. |  |

|  |  |
| --- | --- |
| Organization:  | Phone:  |
| Fax:  |
| E-mail:  |
| Head office*:* |
| Correspondence address (*to be filled in only if it’s different from the head office*): |
| Locations where you perform activities (head office, secondary locations, construction yard, etc)/ :(on each address please write down – temporary or permanent) | Activities: | Activities/:No. of employees for shift: |
| 1 | 2 | 3 |
|  |  |  |  |  |
|  |  |  |  |  |
| VAT no.:  | Registration no.:  |
| Bank account: | Bank: |
| General Manager:  | Phone: E-mail:  |
| Management representative:  | Phone: E-mail:  |
| Contact person for certification activities: | Phone: E-mail:  |
| Total no. of employees: | No. of employees part-time/ temporary/ seasonal: |
| Activities of the organization for which management system certification is sought(*these activities must be in accordance with the ascertaining certificate according to the legislation in force*): |
| Standards/ reference documents/ schemes for certification:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ISO 9001 |  | ISO 22000 |  | EMAS |  | AQAP 2110 |  |
| ISO 14001 |  | ISO 37001 |  | ISO 22301 |  | Social Responsibility |  |
| ISO 45001 |  | ISO 50001 |  | ISO/IEC 20000-1 |  | ISO 39001 |  |
| ISO/IEC 27001 |  | FSSC 22000 |  | ISO 28000 |  |  |  |
| Others: |

Is the management system implemented integrated? (integrated documentation set, integrated approach to internal audits, management review, integrated approach to policy and objectives, to systems processes, to improvement mechanisms, integrated management support and responsibilities)

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

*If your management system is less than 100% integrated, please specify the integration percentage: …* |
| For Multi-Site Organization:Is there documented and implemented a single management system across the organization?   |
| Did your organization identify requirements of the standard(s) as not applicable (exclusions)?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes/DA |  | No |  |

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| Does your organization subcontracts activities?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If YES, please list the activities subcontracted: |
| Have you used consultancy activities for the implementation of the management system?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If yes, please fill in the name of the consulting company and name of consultant: |
| Requested period for the on-site certification audit: |
| Other relevant certifications within the organization: |
| *Annexes: self-assessment questionnaires – if applicable:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ISO 14001 |  | ISO 45001 |  | ISO/IEC 27001 |  | ISO/ IEC 20000-1 |  | ISO 22000 |  | FSSC 22000 |  | ISO 50001 |  | ISO 37001 |  | ISO 39001 |  |

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| *Please attach to this application the ascertaining certificate of the organization and organizational chart.*  |

**Date:**

**Authorized representative:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name, signature, stamp)