

MANAGEMENT SYSTEMS CERTIFICATION APPLICATION FORM

CERTIFICATION <input type="radio"/>	EXTENSION <input type="radio"/>	RECERTIFICATION <input type="radio"/>	PRE-ASSESSMENT <input type="radio"/>	TRANSFER <input type="radio"/>	INTEGRATED SYSTEM <input type="radio"/>
ISO 9001 <input type="radio"/>	ISO 14001 <input type="radio"/>	OHSAS 18001 <input type="radio"/>	ISO 45001 <input type="radio"/>	ISO/IEC 27001 <input type="radio"/>	ISO 22000 <input type="radio"/>
	ISO 50001 <input type="radio"/>	ISO/IEC 20000-1 <input type="radio"/>	ISO 22301 <input type="radio"/>	SA 8000 <input type="radio"/>	
OTHER <input type="radio"/>					

COMPANY NAME	COMPANY REGISTRATION NUMBER
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MANAGING DIRECTOR

REPRESENTATIVE FOR CERTIFICATION

WEBSITE	E MAIL
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TEL	FAX
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HEAD OFFICE (STREET AND NO)

CITY AND COUNTY	POST CODE
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WORKING SITE (STREET AND NO)

CITY AND COUNTY	POST CODE
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In case working sites are more than one, please attach a list with address, telephone-fax number-email, activities performed and personnel at each site.

NO OF FULL-TIME EMPLOYEES	NO OF PART-TIME EMPLOYEES	NO OF SEASONAL WORKERS
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NO OF SUBCONTRACTORS	NO EMPLOYEES ON SHIFT	NO OF SHIFTS
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ANNUAL TURNOVER

The number of part-time, seasonal and subcontractor personnel must be transformed into "equivalent" employees, compared for example to 8 hours daily for 220 days per year

DESCRIPTION OF ACTIVITY/PROCESS/PRODUCT (DESIRED SCOPE IN THE CERTIFICATE) - POSSIBLE CRITICAL PROCESSES/PRODUCTS

Management System has been active for at least 4 months?	yes <input type="radio"/>	no <input type="radio"/>	The Organization is design responsible?	yes <input type="radio"/>	no <input type="radio"/>
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Information about the Context of the Organization

Information about Risks and Opportunities identified in relation to the Standard against which the Certification is required

Subcontracted Activities

OTHER INFORMATION

Does the Company require a pre-assessment?	yes <input type="radio"/>	no <input type="radio"/>	The Company wishes to get the certificate by this date
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Is the Company already certified by another Certification Body?	yes <input type="radio"/>	no <input type="radio"/>	Consultancy Company who helped design and implement the Management System
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Name of the certification body - standard

COMPANIES OFFERING OFF SITES SERVICES, e.g. CONSTRUCTION COMPANIES F.M. COMPANIES

ATTACH A LIST OF TEMPORARY SITES THAT WILL BE ACTIVE AT THE DESIRED DATE OF ASSESSMENT, SPECIFYING:

temporary site address	activity performed at the site by the Company	overall activities performed at the site	amount of works	progress of work
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Please attach a list of applicable legal requirements.
 ASACERT respects privacy. By signing this document, the Company accepts data treatment related to certification service (available on ASACERT website).

Date	Stamp and Sign of Legal Representative
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