**Application for Certification**

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| **Organization** | Organization Name: |  |
| City/Country: |  |
| Address: |  |
| Website: |  |
| Contact Name: |  |
| Email: |  |
| Phone: |  |
| Total #of employees: |  |
| Total #of employees within scope of certification\*:  *\*For employees not included in scope, please provide justification* |  |

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| **Demand** | Standard(s) to be assessed: | ISO 9001:2015 | ISO 14001:2015 | ISO/IEC 20000-1:2018 |
| ISO 22301:2019 | ISO/IEC 27001:2013 | ISO/IEC 27701:2019\* |
| ISO 13485:2016 | ISO 22000:2018 | ISO 37001:2016 |
| ISO 45001:2018 | ISO 20121:2012\* | ISO 50001:2011 |
| Other: | | |
| \*Standard Specific | If you seek certification against ISO/IEC 27701:2019, please specify if your organization is a:  PII Controller  PII Processor  Both (PII Controller and PII Processor) | | |
| If you seek certification against ISO 20121:2012, please specify if you want to certify the organization as a whole or specific events: | | |
| Integrated Management System? | If you have selected more than one standard and have an integrated management system, please specify the level of integration: | | |
| Transfer of certification? | Is this a certification transfer from another certification body:  No  Yes  If yes, please enclose current valid certificate and last audit report, and specify the reason for seeking transfer here: | | |

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| **Scope** | **Certification Scope**  The certification scope shall describe the extent and boundaries of the organization, such as sites, organizational units, departments, activities and processes to be audited. Please list accordingly all sites that are foreseen to be included in the scope of certification | | **Certification Scope** (please indicate which processes or areas of your organization you plan to get certified):  **Important Note\*** Please be precise since this will serve as the fundamental information for audit planning. This description shall serve as the main information for composition of scope statement of certificate in case of the positive certification decision. | | | | | |
| Exclusions (if applicable) | | | | | |
| **Main Site:** | |  | | | |
| Address: | |  | | | |
| Main activities: | |  | | | |
| #of employees within scope: | |  | | | |
| Multi-site organization? | | Do you have more than one site that you want to include under certification scope:  No  Yes  If yes, please answer to the below questions and list additional sites | | | | | |
| Do you have a single management system? | | | | Yes | | No | |
| Have you identified your central function\*, which shall not be outsourced and which has authority to define, establish and maintain a single management system? | | | | Yes | | No | |
| Is your management system subject to a centralized management review? | | | | Yes | | No | |
| Are all sites subject to the organization’s internal audit program? | | | | Yes | | No | |
| Is your central function able to demonstrate its authority and ability to initiate organizational change as required in regard to: system documentation and system changes; management review; complaints; corrective actions; internal audit planning and evaluation of results; statutory and regulatory requirements pertaining to the applicable standard(s)? | | | | Yes | | No | |
| **Additional Sites:**  (applicable if you are a multi-site organization and want to include other sites under certification scope) | | | | | | | |
| **Site(s)** | **Address** | | **Function/Activities** | | **#of shifts** | | **#of employees** |
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*\*Note: The central function is where operational control and authority from the top management of the organization is exerted over every site. There is no requirement for the central function to be located in a single site.*

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| **Other Information** | Please name and describe in details the products/services provided by your organization: |  |
| Please specify economic sector(s) of your organization/NACE Code(s): |  |
| Please provide a brief description of the processes, infrastructure, operations, human resources, technical resources, functions and relationships that are included within the scope of the proposed certification: |  |
| Do you employ sub-contractors to complement your workforce on a regular basis for the activities within the scope you aim to certify? If yes, how many per month? |  |
| What percentage of your work/activity is on clients’/customers’ sites? |  |
| Have you had consultancy services related to the management system(s) which you are aiming to certify?  If yes, please indicate by whom: |  |
| Do you have a business relationship with other Certification Bodies that could be in conflict with ISO 17021-1 clause 5.2.4 which states that: *“A certification body shall not certify another certification body for its quality management system”* |  |
| In what language(s) is your Management System Documentation? |  |
| Please write down the regulations and relevant legal obligations applicable to the management system to be certified: |  |

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| **Declaration** | *By submitting this form, I confirm that the information provided above is true to the best of our knowledge and believe. On behalf of the company I give consent to PECB MS to treat our request for certification.* | |
| Name: |  |
| Position: |  |
| Signature: |  |
| Date: |  |

**The following section is to be filled by PECB MS. Thank you.**

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| The organizations IAF/EA Code is: |  | |
| The information about the applicant organization and its management system is sufficient to develop an audit program | Yes | No |
| Any known difference in understanding between PECB MS and the applicant organization is resolved | Yes | No |
| PECB MS has the competence and ability to perform the certification audit | Yes | No |
| The scope of certification, the site, the time required and other relevant elements have been taken into consideration | Yes | No |

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| Standard(s) to be assessed: | |  |
| **Year/type of audit** | | **Duration/man-days** |
| Year 1  **Initial Audit** | Stage 1 |  |
| Stage 2 |  |
| Year 2  **Surveillance Audit 1** | |  |
| Year 3  **Surveillance Audit 2** | |  |
| **Recertification Audit\***  *\*Subject to changes based on information provided in recertification application form* | |  |
| **Special Audit** *(if applicable)* | |  |

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| Approver: |  |
| Date: |  |
| Managed through: |  |