APPLICATION

for quality management system certification/for quality assurance system assessment

1. Certification requested:

|  |  |  |
| --- | --- | --- |
|  | Quality Management System certification according to ISO 9001:2015 | [ ]  |
|  | Quality assurance of the production certification according to ISO/IEC 80079-34:2011 (for groups I and II, categories M1 and 1 according to Annex IV of Directive 2014/34/UE) | [ ]  |
|  | Product quality assurance certificationaccording to ISO/IEC 80079-34:2011(for internal combustion engines and electrical equipment groups I and II, categories M2 and 2 according to Annex VII of Directive 2014/34/UE) | [ ]  |
|  | Prolongation of certificate / notification No.**…………..……………………………………………………** | [ ]  |
|  | Change of certificate / notificationNr / No. **……...…………………………………………………………** | [ ]  |

1. General information:
2. name and address (headquarter):

|  |
| --- |
| **……...……………………………………………………………………………………………………...………………………………………………………………………………………………** |

1. tel /fax/e-mail:

|  |
| --- |
| **……...………………………………………………………………………………………………** |

1. Functions and relationships in a larger Corporation (if applicable)**:**

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| --- |
| **……...………………………………………………………………………………………………** |

1. other locations covered by the management system (if applicable):

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| **……...……………………………………………………………………………………………………...………………………………………………………………………………………………** |

1. *Top management (name, surname/position):*

|  |
| --- |
| **……...………………………………………………………………………………………………** |

1. Registration data:

|  |
| --- |
| National Court Register number: **……………………………**Tax ID: **……………………………** Statistical ID: **……………………………**  |

1. Classification of economic activities - /NACE rev.2**:**

|  |
| --- |
| **……...………………………………………………………………………………………………** |

1. Development and implementation of a management system:

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| --- |
| [ ]  by our own |

|  |
| --- |
| [ ]  by consulting company (provide company name and name of consultant): **………………………………………………………………………………………………………** |

1. Personnel responsible for management system:

|  |
| --- |
| Name, Surname / position / telephone / e-mail:**……………………………………………………………………………………………………………** |

1. Scope of management system:

|  |
| --- |
| **………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………** |

1. Exclusions in the management system (provide the relevant points of the reference standard):

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| **…………………………………………………………………………………………………………………………………………………………………………………………………………………………** |

1. Types of products / services provided by the organization:

|  |
| --- |
| **………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………** |

1. Held certificates, attestations, concessions, etc.:

|  |
| --- |
| By whom issued, name, number, dates of issue and expiry:**……………………………………………………………………………………………………………** |

1. Number of processes:

|  |
| --- |
| MAIN: ***………………………*** SUPPORT: ***………………………***  |

1. Are there subcontracted processes?

|  |
| --- |
| [ ]  no |

|  |
| --- |
| [ ]  yes (please fill which and to whom): **………………………………………………………………………………………………………** |

1. Data on employees (please fill number):

|  |
| --- |
| Full-time staff: ***………………………*** Part time staff: ***………………………*** Non-permanent staff (e.g. seasonal) : ***………………………*** Total number of employees in management system: ***………………………*** Shift system (I, II, III shifts): ***………………………*** One shift working Staff (if applicable): ***………………………*** |

1. Person authorized to contact the Certification Body:

|  |
| --- |
| Name / Surname / position / telephone / e-mail:**……………………………………………………………………………………………………………** |

1. Applicant declaration:
	* we know the rules and certification requirements related to the management system certification process,
	* we will meet the requirements related to applying for certification,
	* we will make a payment for conducting the management system assessment process in accordance with the signed service contract regardless of the result of the assessment.
	* the application for quality system certification has not been lodged with any other Notified Body (applies to Directive 2014/34 / EU).
2. Required enclosures:
	* quality system documentation,
	* certificate of entry in the business register,
	* *list of legal and other requirements ((decisions, permits, standards),*
	* *list of EU type-examination certificates to include in notification of production / product quality assurance in accordance with Directive 2014/34/EU together with technical documentation for the approved type and copies of certificates (if applicable).*

 …………………………………… …………………………………………………

 *(Place, date) (Person authorized to represent)*