APPLICATION

for quality management system certification

1. Certification requested:

|  |  |  |
| --- | --- | --- |
|  | Quality Management System certification according to ISO 9001:2015 | [ ]  |
|  | Prolongation of certificateNo.  | [ ]  |
|  | Change of scopeNo.  | [ ]  |

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

|  |
| --- |
|  |

1. tel /fax/e-mail:

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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:

|  |
| --- |
| [ ]  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):

|  |
| --- |
|  |

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

|  |
| --- |
|  |

1. *H*eld 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 one and to whom):  |

1. Number of 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.
2. Required enclosures:
	* quality system documentation,
	* certificate of entry in the business register,
	* *list of legal and other requirements (decisions, permits, standards).*

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