

**MANAGEMENT SYSTEMS CERTIFICATION APPLICATION FORM**

CERTIFICATION		EXTENSION			RECERTIFICATION			PRE-ASSESSMENT		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ISO 9001:2008	ISO 9001:2015	ISO 14001:2004	ISO 14001:2015	OHSAS 18001	ISO/IEC 27001	ISO 22000	ISO 50001	ISO/IEC 20000-1	ISO 22301	SA 8000
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OTHER <input type="radio"/>										

COMPANY \_\_\_\_\_

LEGAL REPRESENTATIVE \_\_\_\_\_

REPRESENTATIVE FOR CERTIFICATION \_\_\_\_\_

WEBSITE \_\_\_\_\_ E MAIL \_\_\_\_\_

TEL \_\_\_\_\_ FAX \_\_\_\_\_

VAT NUMBER \_\_\_\_\_

HEAD OFFICE (STREET AND NO) \_\_\_\_\_

CITY AND STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

WORKING SITE (STREET AND NO) \_\_\_\_\_

CITY AND STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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 \_\_\_\_\_

NO OF SUBCONTRACTORS \_\_\_\_\_ NO EMPLOYEES ON SHIFT \_\_\_\_\_ NO OF SHIFTS \_\_\_\_\_

ANNUAL TURNOVER AMOUNTING \_\_\_\_\_

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 within 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 designing and realizing the Management System
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Name of the certification body - standard \_\_\_\_\_

**CONSTRUCTION COMPANIES – PLANTS – SERVICES PROVIDED IN TEMPORARY SITES**

ATTACH A LIST OF TEMPORARY SITES THAT ARE SUPPOSED TO BE ACTIVE AT THE DESIRED DATE FOR THE ASSESSMENT, SPECIFYING:

temporary site address	activity performed in the site by the Company	overall activities performer in the site	amount of works	working progress

 Please fill in annex I to this form. **Attach a list of applicable legal requirements.**

ASACERT respects privacy. By signing this document, the Company accepts data treatment related to certification service (sign also annex II).

Date \_\_\_\_\_

Stamp and Sign of Legal Representative \_\_\_\_\_