MS Application Form

Organization Name:	
Address:	

City/Country:		ZIP Code:	
Contact Name:		E-Mail:	
Web Site:		Telephone:	

Total Number of Employees:	
Number of Sites within the Scope:	
No of daily shifts:	
Number of Temporary Employee:	
Number of Employee offsite:	

Please list any locations, in addition to the main site, to be included in the scope of registration (please enclose additional sheets if required)	No of employees	No of daily shifts

Please provide below precise details of the processes including any outsourced processes and the products and services provided by your company:

Certification scope (please indicate which processes or areas of your organization you want to be certified):

Standard(s) to be assessed:

☐ ISO 9001	☐ ISO14001	☐ ISO 22000	☐ ISO 45001	☐ ISO 22301
☐ ISO 21001	☐ ISO 20000-1	☐ ISO 27001	☐ ISO 29993	☐ ISO 37001
☐ ISO 37301	☐ ISO 41001	☐ ISO 42001	☐ ISO 44001	☐ ISO 50001
☐ ISO 55001	☐ ISO 70101	☐ ISO 22483	☐ ISO 30401	☐ ISO 56001
☐ Others:				

In case of no applicability, please explain the justifications of it:

Type of Application	New	☐	Renew	☐	Transfer	☐
	Any Changes in Certificate(s) (i.e. Extensions to scope, Address change or addition, others)		☐	_____		
In the case of several certification programmes, would you like the audits to be combined or carried out separately?	Combined/Integrated		☐	Separate		☐
If combined, specify the combination required						

Integration of management systems
☐An integrated documentation set, including (work instructions – procedures – Manual)
☐Management Reviews that consider the overall business strategy and plan
☐Internal audits conducted in an integrated approach
☐An integrated approach to the policies and objectives
☐Integrated approach to system processes
☐ Integrated approach to improve process (Corrective and Preventive Action, Measurement, Continual improvement)
☐Integrated management support and responsibility
Integration level: The Level to managing various aspects of the organization by using a single management system to meet the needs of two or more management systems **Reference:** 100%, if meet all seven criteria above

Additional Specific Information/ Requirements:		
For ISO 22000:	Number of HACCP plans	
	Are any of your operations Seasonal?	
For ISO 45001:	Key hazards and OH&S risks	
	Main hazardous materials	
For ISO 14001:	Main Environmental aspects	
For ISO 50001:	Annual energy consumption:	
	Number of the energy types:	
	Number of the SEUs:	
For ISO 27001:	Does the organization have a documented and implemented ISMS which conforms to ISO/IEC 27001 and other documents required for certification?	
For ISO 20000-1 :	Please provide the areas of activity of the client and the likely risks to the SMS and the services.	
Applicable legal and regulatory requirements		

Date of Internal audit:	
Date of Management review:	

Do you employ sub-contractors to complement your workforce on a regular basis for the activities within the scope of certification? If so, how many:

What percentage of your work is on clients' sites?

Please set target date for audit:

Have you been certified by another certification body? If so, please indicate:

Is this a certification transfer from another certification body? If so, please indicate the standards being transferred as well as the date of expiry of your certificate:

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:

Please supply the list of regulations and relevant legal obligations applicable to the management system to be certified:

Have you had consultancy services related to the management system to be certified and if so, please indicate by whom?

Declaration:

By submitting this document, we apply for certification registration with TUV UNITED Company. and agree to abide by the TUV UNITED Codes of Ethics, the Rules governing the use of TUV UNITED certification.

☒   **We agree to the TUV UNITED Codes of Ethics, Usage of Certification Marks and General Terms and Conditions for Audit and Certification Services.**

We confirm that we have read and are familiar with the clauses on limitations of liability and indemnification and jurisdiction. We also confirm that the information provided above is true to the best of our knowledge and belief.

Signature:		Title:	

Name:		Date:	

The following section is for TUV UNITED internal use only. Please do not fill. Thank you.

Relevant EA Code(s)			
Required Competence Areas Identified?	☐Yes ☐ No		
Competent team available	☐Yes ☐ No		
Decision-Maker Competence Verified?	☐Yes ☐ No		
The information about the applicant organization and its management system is sufficient to develop an audit program.		☐Yes	☐No
Any known difference between in understanding between TUV United and the applicant organization is resolved.		☐Yes	☐No
The scope of certification sought, the site(s) of the applicant organization's operations, time required to complete audits and any other points influencing the certification activity are taken into account (language, safety conditions, threats to impartiality, etc.).		☐Yes	☐No
Application Reviewer:			
☐Application Accepted	☐Application Declined		
Reason (if declined):			

Approved by	Date: