



# EUROCERT



## APPLICATION FORM FOR MANAGEMENT SYSTEM CERTIFICATION

### 1. NAME OF ORGANISATION (IN ENGLISH):

### ADDRESS OF ORGANISATION:

CITY:	<input type="text"/>	POST CODE :	<input type="text"/>
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### ACTIVITY:

VAT NO.:	<input type="text"/>	I.R. OFFICE:	<input type="text"/>
TEL. :	<input type="text"/>	FAX :	<input type="text"/>
web site:	<input type="text"/>	e-mail :	<input type="text"/>

### 2. SCOPE (PRODUCT/ PROCESS/SERVICE) FOR WHICH CERTIFICATION IS REQUESTED (IN ENGLISH):

NACE :	<input type="text"/>	EA :	<input type="text"/>
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### ADDRESS(ES) OF PRODUCTION SITE(S) (IN ENGLISH):

IF THE ORGANIZATION HAS BRANCH OFFICE PLEASE ATTACH THE FOLLOWING:

1)TOTAL NUMBER OF BRANCH OFFICES 2) ACTIVITIES 3) ADDRESSES

### COMPANY PRODUCTS / SERVICES THAT ARE PROVIDED BY SUBCONTRACTORS

### 3. REFERENCE STANDARDS FOR WHICH CERTIFICATION IS REQUESTED:

IF YOUR ORGANISATION HAS OBTAINED A MANAGEMENT SYSTEM CERTIFICATION PLEASE FILL IN THE FOLLOWING:

### TYPE OF MANAGEMENT SYSTEM CERTIFICATION THAT YOUR ORGANISATION HOLDS:

CERTIFICATION YEAR:	<input type="text"/>
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CERTIFICATION BODIES:	<input type="text"/>
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STANDARDS, SPECIFICATIONS, REGULATIONS AND COMPULSORY LEGISLATION THAT APPLY TO THE PRODUCTS/PROCESSES/SERVICES PRODUCED BY YOUR ORGANISATION:

**4. DESCRIBE THE CURRENT DOCUMENTATION**

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5. TOTAL NUMBER OF EMPLOYEES:  NUMBER OF SHIFTS:

NUMBER OF EMPLOYEES WORKING IN SHIFTS:

**INFORMATION ON THE ORGANISATION'S AUTHORISED PERSONNEL:**

**TITLE/ POSITION:**


**NAME & SURNAME:**


**NAME & SURNAME OF THE SYSTEM MANAGER**

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**NAME & SURNAME OF THE DEPUTEE SYSTEM MANAGER / TITLE-POSITION**

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**6. DESIRABLE AUDIT DATE (MINIMUM 3 MONTH IMPLEMENTATION PERIOD IS REQUIRED):**

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**7. NAME OF THE CONSULTANT**

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TEL.:  FAX:  e-mail:

**8. NAME OF PERSON AUTHORISED TO SIGN THE APPLICATION AND OTHER RELEVANT DOCUMENTS (CONTRACT):**

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**TITLE/ POSITION:**

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I HEREBY DECLARE AND CERTIFY THAT:

- A) I HAVE READ AND ACCEPT THE TERMS AND CONDITIONS OF EUROCERT'S REGULATION FOR MANAGEMENT
- B) I CONFIRM THAT I WILL COVER ALL THE COSTS ASSOCIATED WITH THE CERTIFICATION PROCEDURE
- C) I INFORMED THAT THE AUDIT REPORT IS DISTRIBUTED BY EUROCERT ONLY TO THE BUSINESS ORGANIZATION AND IS NOT GIVEN TO THIRD PARTIES WITHOUT THE WRITTEN AUTHORIZATION OF THE CUSTOMER.

**SIGNATURE / COMPANY STAMP:**

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**9. FOR EUROCERT USE ONLY**

DATE RECEIVED:  CASE NUMBER:

REVIEWED BY:

APPROVED BY: