APPLICATION FOR MANAGEMENT SYSTEM CERTIFICATION

Incoming No. .....

1. COMPANY / ORGANIZATION DATA		
Company Name:		
ID number:		
VAT ID number:		
Registered address:		
Head office address:		
Other addresses /total number/:		
Belonging to other organization /please specify if any/:		
Manager:	**Name:**	
	Tel.:	**E-mail**:
Представител на ръководство/отговорници на процеси, относно сертификацията:	**Name:**	
	Tel.:	**E-mail**:

2. DESIRED FIELD OF CERTIFICATION APPLICATION		
Standard/s: /please specify with X/	☐ **ISO 9001:2015**	☐ **ISO 45001:2018**
	☐ **ISO 14001:2015**	
Type of certification: /please specify with X/	☐ **Initial** ☐ **Renewing** ☐ **Transfer**	☐ **Changes to the certified organization (scope, legal data)**
Company activities which will be subject to certification: /please describe/		
ISO 9001 not applicable requirements	☐ **Yes** ..... **clause/s** ☐ **No**	
Requesting Certificates in English: /the price is indicated separately from the certification cycle fee/	☐ **Yes**	☐ **No**

Scope of certification in English /if applicable/	
NACE Code:	
TO BE FILLED IN ONLY BY CERTIFIED CLIENTS	
Activities expanding the scope of certification	
Changes in circumstances listed in the certificate	

3. OTHER INFORMATION

Type of raw materials and/or technical resources used:			
Main clients:			
Number of sites, locations, places of the organization:	**Site:**		
	Activities performed on the site:		
Activities assigned to sub-contractors/outsourcing: **Organization to which are assigned:** **Sites of other organizations on which the activities of the scope are carried out:**	**Process:**	**Organization:**	**Site:**
Number of staff employed in the activities to be certified:	**Total number of staff covered by the system**		**pcs.**
	Unqualified staff		**pcs.**
	Staff working on sites of other organization/individuals		**pcs.**
	Staff - temporary / seasonal employment		**pcs.**
Distribution of staff with the same or interchangeable activity: **/example –operators -5, drivers - 9; tuners - 12, etc./**	**Position:**	**Number of employees:**	
Shift workers:			
Legal documents applied:			

Significant aspects regarding the environment /to be filled in only for ISO 14001 certification/	☐ Emissions to air; ☐ Soil contamination; ☐ Using natural resources, raw materials, energy; ☐ Releases to water; ☐ Energy emissions heat, light, ionising radiation, vibration and noise; ☐ Waste generation (please describe): ☐ Space use – specifics of work sites (please describe): ☐ Other:
Significant risks /identified hazards according to the Health and Safety at Work Policy:	☐ physical hazards; ☐ chemical hazards; ☐ biological hazards; ☐ mechanical hazards; ☐ electrical hazards; ☐ psychological hazards; ☐ psychosocial hazards; ☐ based on movement and energy; ☐ unsafe working conditions (please describe): ☐ specific working conditions (please describe): ☐ use of hazardous raw materials (please describe):
Audit working language:	
Consulting organization/ consultant:	
Management system implementation date:	
Level of system integration: /if applicable/	☐ General documentation Integrated approach to the process /please describe the processes/
Certified systems till now and under which standards:	
Certification organization:	

Initial certification /date/:	
Desired date for conducting an audit:	

4. **APPLICABLE ONLY FOR TRANSFER OF CERTIFICATION**
(please enclose copies of valid certificates)

Certificate valid up to:			
Reasons for the transfer:			
Unclosed non-conformities from previous audits. If Yes, mark their type:	☐ **Yes** ☐ **No**	☐ **Essential** ☐ **Non-essential**	
Last audit:	☐ **First surveillance**	☐ **Second surveillance**	☐ **Certification / certification renewing**
Complaints received and actions taken:			
Complaints received and actions taken:			
Other:			

DECLARATION: I declare that I have been acquainted with the certification procedure of management systems at Center for Testing and European Certification Ltd. and I undertake to observe it.

Date:
City:

Applicant:
(signature, first name and family name)