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| **Certification File n°**      | **COMPANY CERTIFICATION***Application form / Company Identity Card* |

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| **1- company details** |
| Corporate Name:Please specify legal status |  |
| Affiliation to a Group: |  |
| Sector of activity: |  | Activity code: NACE code |  |
| Address:(Address, post code, city, country) |  |
| Telephone: |  |  |  | E-mail |  |
| Name of contact: |  | Job title |  |
| Telephone: |  |  |  | E-mail |  |

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| **2- requested management system certification scheme**  |

**[ ]** Quality (ISO 9001: 2008) **[ ]** Quality (ISO 9001:2015)

(please describe exclusions, eg. design…):

**[ ]** Environment (ISO 14001:2004) **[x]** Environment (ISO 14001:2015)

**[ ]** Safety (ohsas 18001)**[ ]** Energy (ISO 50001:2011)

[ ]  Aerospace (EN 9100) [ ]  Aerospace (EN 9110) [ ]  Aerospace (EN 9120)

[ ]  Medical (ISO13485/13488) [ ]  TickITplus [ ]  Automotive (ISO/TS 16949)

[ ]  emas [ ]  ISO 22000 [ ]  FSSC 22000

[ ]  ISO 20000 [ ]  ISO 27000

[ ] Other standard:

**Target date** for certification:

Please send an **organization chart** of the company so we can see the positions and number of related workers.

Please provide a brief description of the **products/services** supplied by your company:

**Are some activities excluded from you certification scope/perimeter?**

**Wording of the certification scope**, this should be reflected on the certificate following a successful assessment:

**(for the aerospace standards, please indicate the scope of the activities for each site)**

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**Do you need an accreditation logo on your certificate?**

**[ ]  COFRAC [ ]  UKAS [ ]  TUNAC**

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| **3 – Other Management Systems** |

**Have you previously set up another management system?**

|  |  |
| --- | --- |
|  | **[ ]  Yes** |
|  | **[ ]  No** |

**If yes, please give details (standard, set up date, certification….):**

**Integrated Management System: A single management system managing multiple aspects of organizational performance to meet the requirements of more than one management standard**

**Please check the different characteristics of your Management System:**

An integrated documentation set, including work instructions to a good level of development, as appropriate[ ] ;

Management Reviews that consider the overall business strategy and plan [ ]

An integrated approach to internal audits [ ]

An integrated approach to policy and objectives [ ]

An integrated approach to systems processes [ ]

An integrated approach to improvement mechanisms, (corrective and preventive action; measurement and continual improvement) [ ]

Integrated management support and responsibilities [ ]

Have you been in contact with any consulting organization during the last 2 years?

 [ ]  YES \* [ ]  NO

 *[*\*]*If yes, please specify the agency name and people’s name, which were involved in these activities*

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| **4 – List of Sites and Organisation for Human Resources and Processes** |

Number of sites concerned by the certification:

Total number of employees:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ITEMS | 1st site | 2nd site | 3rd site | 4th site |
| Name of the site |  |  |  |  |
| Address |  |  |  |  |
| Main activities |  |  |  |  |
| Total number of employees related to certified activities **\****(to be detailed for each specific standard)\*\** |  |  |  |  |
| Total number of employees involved in the support functions: (Design/sales/marketing/ purchasing/quality/ HR…)  |  |  |  |  |
| Total employees in production |  |  |  |  |
|  | If the production is organized in shifts for continuous activity, specify number of employees and shifts, please precise:* Number of shift (2 or 3 shifts x 8 hours)
* Number of employees per shift
 |  |  |  |  |

***\* For ISO/TS 16949 certification:*** *Total number of employees related to certified activities (including permanent, part time, contract, average number of daily workers for the previous six (6) month period, and temporary employees).*

***\*\* For EN 9100 / 9110 / 9120:*** *it is possible that number of people for ISO 9001 is more important that for EN 9100. In this case, please detail the number of people for each.*

**Does your activity lead you to have any activities outside of your infrastructure: building sites, temporary agencies or offices, facilities on customer premises, etc?** Please describe these activities and the number of locations covered.

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Are any of your activities subcontracted?

**[ ]** No **[ ]** Yes If yes, please describe the subcontracted activities.

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**Please specify if your activity is subject to seasonal fluctuations in number of employees or volume of activity:**

 Please return this document to:

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|  |

Name and position:

Date and signature:

**COMPANY STAMP IS MANDATORY**