AF02 - Application form for system certification

Global Certification and Monitoring Services (GCMS) guarantees that all the information provided in this Application Form will be treated as strictly confidential and will not be disclosed to any third parties without the prior written confirmation from the Applicant.

Legal entity information

Legal entity name *

Legal form *

Registration code *

VAT code

Registration country *

Contact details

Phone number *

Email address *

Website

Registered office address

Street, house, office No. *

City *

Country *

Post code *

Residental address (if different)

Street, house, office No.

City

Country

[   ]

Post code
[   ]

Other site address (if you have multi-site organization)
Street, house, office No.
[   ]

City
[   ]

Country
[   ]

Post code
[   ]

Information on human and technical resources
Total number of employees *
[   ]

Number of employees involved in the activity*
[   ]

Number of production shifts (If applicable)
[   ]

Number of employees in every shift (If applicable)
[   ]

Facilities and technological resources
General space *
[   ]

Space of the activity area *
[   ]

Number of equipments used for the activity*
[   ]

Number of transportation means used in the site*
[   ]

Warehouse space *
[   ]

Do you have internal laboratory/testing facility at your site?*

[ ]
Yes

[ ]
No

Legal obligations related to the activity of the organization
[   ]
[   ]

Available certificates (management systems, quality, etc.)

System certification standard/scheme (One or all standards can be chosen) *

ISO 9001 Quality management systems

☐

ISO 22000 Food safety management systems — Requirements for any organization in the food chain

☐

FSSC 22000 Certification Scheme for Food Safety Management Systems

☐

ISO 45001 Occupational health and safety management systems

☐

ISO 14001 Environmental management systems

☐

ISO 13485 Medical devices — Quality management systems

☐

ISO 37001 Anti-bribery management systems

☐

ISO/IEC 27001 Information security, cybersecurity and privacy protection — Information security management systems

☐

What type of certification service your company is applying for?*

☐
Initial certification

☐
Certificate renewal

☐
Extension of certification scope

☐
Surveillance (In case of transfer from another CB)

Consultancy services

Did your company previously receive any consultancy services for this same scheme *

☐
Yes

☐
No

If yes, please specify the name of the organisation or person who provided the consultancy services:

_____

Exact activity of the system to be certified (Scope of certification)

Activity name and description*

Is it the first time your system will be certified according to this scheme *

☐
Yes

☐
No

Please specify the type of clients that are interested about your system certification*

_____

Information about subcontractors

Will part of the system activities be subcontracted? *

☐
Yes

☐
No

If yes, please specify which activities will be subcontracted

_____

Address of the subcontracted activity

_____

Name of the subcontractor-contact person

_____

Phone number of the subcontractor-contact person

_____

Email address of the subcontractor-contact person

_____

Did the subcontractor is already certified according to the scheme you are applying for *

☐
Yes

☐
No

We hereby confirm that the information provided above in this application form, are correct. Any changes occuring to our company's information or its activities or its products or its processes, will be directly communicated to *Global Certification and Monitoring Services*.

☐
I agree *

We hereby confirm that our company is not applying to another notfied certification body at the same time.

☐

I agree *