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|  | **APPLICATION FORM**  Initial Certification  Re-certification  Transfer |

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| Organization Name |  | | | | | |
| Address Head Office |  | | | | | Website: |
| Site Address(s) including branch offices |  | | | | | |
| Name of the Top Management |  | | | | | |
| Contact Person Name and Contact Details |  | | | | | |
| Scope of Certification |  | | | | | |
| Standard(s) |  | | | | | |
| ***No. of Shifts working & timings*** |  | | | | | |
| ***Employee Details*** | ***Total No. of Employees*** | | | |  | |
| ***Full Time*** | | | |  | |
| ***Part time*** | | | |  | |
| ***Personnel working away from organisation site*** | | | |  | |
| ***Breakup as per department wise***  ***e.g. sales, purchase, store etc.*** | | | |  | |
| Products/Services |  | | | | | |
| Key Processes ***and activities*** |  | | | | | |
| Outsources processes |  | | | | | |
| Major Machinery and Equipment |  | | | | | |
| Major Customers |  | | | | | |
| Legal and statutory requirements |  | | | | | |
| Language (Written/oral) |  | | | | | |
| Certified in any other system | [Attach certificate] | | | | | |
| Accreditation required | JAS-ANZ EIAC NABCB | | | | | |
| Any safety requirements for auditors | e.g. prior approvals, mask, helmet, aprons etc. | | | | | |
| Any Consultant/ organization hired | Name |  | | | | |
| Address |  | | | | |
| Contact No. |  | | | E-mail/Web: | |
| In case of Transfer | Last Audit Date | |  | Attach Last audit report and certificate | | |
| Desired date of audit | [Desired date should be the date, time and season when audit team has the opportunity to audit the organization operating on the maximum product lines, categories and sectors covered by the scope] | | | | | |

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| For ISO 14001 | |
| Emissions to the environment |  |
| Applicable legal requirements and compliance status |  |
| Any incident/ accident in past |  |
| Any temporary sites |  |

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| For ISO 45001 | |
| Key OH & S Hazards & Risks |  |
| Key hazardous materials used in the process |  |
| Applicable legal requirements and compliance status |  |
| Any incident/ accident in past |  |
| If services provided on another organization’s premises |  |
| Any temporary sites |  |

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| For ISO 27001 | Yes/ No |
| Have a documented and implemented ISMS which conforms to IS 27001and other documents required for certification. |  |
| Access to internal audit reports and reports of independent reviews of information security can be arranged. |  |
| Internal audit date: Planned or completed |  |
| Management Review date: Planned or completed |  |
| Any ISMS related information which is confidential and cant’ be provided | Please write on separate sheet if any |

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| For IMS (Integrated Management System) only | | 1 | 2 | 3 | 4 | 5 |
| Level of Integration  For Integrated Management System (IMS) only  Please tick mark (√) on the scale of 1 to 5.  (1 being the lowest and 5 being the highest) | If documents for all systems are integrated |  |  |  |  |  |
| If management review is common for all systems |  |  |  |  |  |
| If internal audit is covering all systems under IMS |  |  |  |  |  |
| If Policy & Objectives are integrated under IMS |  |  |  |  |  |
| If processes are integrated |  |  |  |  |  |
| If corrective, preventive action, measurement and continual improvement are integrated |  |  |  |  |  |
| If management support & responsibilities are integrated |  |  |  |  |  |

Applicant Sign. / Date