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| C:\Users\acer\Documents\certiva_logo.png | **APPLICATION FORM** **(For Quotation)****CERTIVA LIMITED** |
| [ ] Initial Certification [ ]  Recertification [ ] Transfer of Certification |

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| Organization Name |  |
| Address Head Office |  | Website: |
| Site Address(s) including branch offices |  |
| Name of the Top Management |  |
| Primary Contact Person | Name: |
| Mobile/ Tel: |
| E-mail: |
| Scope of Certification |  |
| Standards |  ISO 9001 ISO 14001 ISO 45001 |
| Total Employees  |  | No of shifts: |
| Employee Details |  | Full Time | Part Time |  | Full Time | Part time |
| Design:  |  |  | Store: |  |  |
| Production:  |  |  | Accounts: |  |  |
| sales: |  |  | Others |  |  |
| Purchase:  |  |  |  |  |  |
| Products/Services |  |
| Processes |  |
| Outsources processes |  |
| Any exclusion of the standard requirements |  |
| Machinery and Equipment’s |  |
| Customers |  |
| Legal and statutory requirements |  |
| Language (Written/oral) |  |
| Certified in any other system | [Attach certificate] |
| Accreditation required |  JAS-ANZ DAC |
| Any safety conditions for auditors | e.g. prior approvals, mask, helmet, aprons etc. |
| If you have hired services of any Consultant/ organization | Name |  |
| Address |  |
| Contact No. |  | E-mail/Web: |
| In case of Transfer from other Certification Body | 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 only |
| 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 only |
| 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 IMS (Integrated Management System) only |
| Level of IntegrationFor Integrated Management System (IMS) onlyPlease 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 | 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |
| 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 |  |  |  |  |  |

Sign/ date of the Authorized Representative:

 Enclosed:

* Organization Profile
* Process flow chart