

APPLICATION FOR CERTIFICATION



Date

Company Stamp/ Signature

Name of the Organization:

Scope of Work/ Scope of Certification:

Contact person :

Telephone Number :

Fax:

e-mail:

VAT Number:

Tax Office:

Website:

Registered Office Address:

Branches Locations:

Consultant (if any):

Standard for which Certification is requested:

ISO 9001 <input type="checkbox"/>	GDP (MD 1348/04) <input type="checkbox"/>	ISO 13485 <input type="checkbox"/>
ISO 22000 <input type="checkbox"/>	ISO 37001 ⁽³⁾ <input type="checkbox"/>	ISO 45001 ⁽¹⁾ <input type="checkbox"/>
HACCP <input type="checkbox"/>	ISO 29993/ ISO 21001 <input type="checkbox"/>	Other please mention
ISO 14001 ⁽²⁾ <input type="checkbox"/>	ISO/IEC 27001 ⁽⁴⁾ <input type="checkbox"/>	
OHSAS 18001 ⁽¹⁾ <input type="checkbox"/>	ISO 50001 <input type="checkbox"/>	

⁽¹⁾Please also fill in Annex A.
⁽²⁾Please also fill in Annex B.

⁽³⁾Please also fill in Annex C.
⁽⁴⁾Please also fill in Annex D.

Total Number of Personnel:

Personnel per shift:

Number of shifts:

Number of part time personnel:

Number of seasonal personnel:

**Language of Communication/
Documentation:**

Working Hours/ Shifts:

Number of HACCP studies:

Detailed Description of Personnel Allocation

Management/ System Management:

Secretariat/ Customer Service:

Design/ Research and Development:

Production/ Service Implementation:

Sales/ Drivers/ "Off line" Employees:

Other activities:

only for food safety management systems

Is there an Operating License? Yes No

Law/ Regulation related to the product/ provided service:

Is part or all of a process outsourced? Yes No

If Yes, which processes and to which subcontractors (name and activity of subcontractor):

Do you wish part of the audit to be carried out by using information and communication technology (ICT)*? Yes No

*provided that it is applicable according to ISC CONTROL's regulatory documents

Is the implemented Management System already certified? Yes No

If Yes, according to which Standards?

Certificate Expiry Date:

Starting Date of Management System Compliance:

Desired date of audit:

ISC Control
Certification Body
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