APPLICATION

for quality management system certification / evaluation of the quality assurance system

1. Certification requested:

a)	**Quality management system certification** for compliance with the standard EN ISO 9001:2015	☐
b)	**Certification of the production process quality assurance system** for compliance with the standard EN ISO/IEC 80079-34:2011 *(for devices of groups I and II, categories M1 and 1 in accordance with Annex IV of Directive 2014/34 /EU)*	☐
c)	**Certification of product quality assurance system** for compliance with the standard EN ISO/IEC 80079-34:2011 *(for engines with internal combustion and electric devices of groups I and II, categories M2 and 2 in accordance with Annex VII of Directive 2014/34 /EU)*	☐
d)	Extension of validity of the certificate / notification No.	☐
e)	Extending the scope of the certificate / notification No.	☐

2. General characteristics of the organization:

a) Name and address (head office):

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.....

b) phone/fax/e-mail of the organization:

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c) functions and relationships in a larger corporation (if applicable):

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d) other locations covered by the management system (if applicable):

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.....

e) Top Management (name, surname / position):

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f) Registration data:

VAT number: .....
Company ID: .....
National Court Register number: .....

g) Classification of the business activity – PKD code:

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3. Development and implementation of the management system:

☐ Management system implemented by own forces

☐ consulting company (provide company name and consultant's name):

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4. Person (persons) responsible for the management system(s):

(Name / Surname / position / telephone / e-mail):

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5. The scope of management system certification:

(scope that the organization plans to include on the certificate):

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6. Exclusions in the management system (provide the relevant points from the reference standard(s):

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7. Types of products / services performed by organizations

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8. Certificates, attestations, concessions, etc.:

(By whom issued, name, number, issue date and expiry date):

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9. Types and number of processes identified in the organization: (please indicate the number)

Main processes*:* ..... Supporting processes*:* .....

10. Are there subcontracted processes in the Organization?

☐ no

☐ yes (please specify which processes are subcontracted and to whom):

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11. Data on employees (please provide number):

Full-time staff *:* .....

Part-time staff *:* .....

Non-permanent staff (seasonal, other types of employement): .....

Total number of employees in the area covered by the certification: .....

Work shift system (I, II, III changes)*:* .....

Staff working one shift (if applicable):.....

12. Person authorized to contact the Certification Body

(Name / Surname / position / telephone / e-mail):

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13. Applicant's statement:

- we know the rules and certification requirements related to the management system certification process
- we meet the requirements related to applying for certification,
- we will pay for conducting the management system assessment process in accordance with the contract for the performance of the service regardless of the result of the assessment,
- we know that the certificate will be issued after signing the agreement on the conditions of use of the certificate and the principles of supervision
- Application the application for quality system certification has not been submitted to another notified body (2014/34 /EU).

14. Mandatory attachments:

- quality system documentation
- current excerpt from the National Court Register / certificate of entry in the business register.
- list of legal and other requirements (decisions, permits, permits, standards) regarding the implementation of the product / service necessary to conduct business.
- list of EU type-examination certificates to include notification of production / product quality assurance in accordance with Directive 2014/34 / EU together with technical documentation for the approved type and copies of certificates (if applicable).

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place, data *stamp and signature of the authorized person on behalf of the applicant*