



Contract No: _____

**APPLICATION FOR MANAGEMENT SYSTEM CERTIFICATION
(IRACAB ACCREDITATION)**

Addressed to CVI, s.r.o., MPCL 3170/31, 058 01 Poprad, Slovakia, EU

NOTE: For SNAS Accredited ISO 9001, ISO 14001 and OHSAS 18001 certification, use different application form.

This application does not establish any contractual relationship.

ORGANISATION TO BE CERTIFIED

Name

Location

Company No. VAT / TIN No.

Contact for communication

Name Position

Phone Fax

E-mail Web

Statutory representative

Name

AUDIT, REPORT AND CERTIFICATE (Please, mark)

Certification Amendment of the scope

Recertification Change in the system

Certification take-over

Standard for the management system audit (please, mark)

ISO 22000 ISO 27001 SA 8000 ISO 26262 HACCP

GMP Factory Production Control Green Product Certification

Other (please, specify)

Language of the audit

Language of the report

Required date of audit

Description of Activities to Be Certified

.....
.....
.....
.....

At this stage, the above text is in the form of proposal of the text for certificate. The final text will be agreed after the management system audit.

Required form of certificate

Paper Electronic

INFORMATION ABOUT THE MANAGEMENT SYSTEM *Informácie o systéme manažérstva*

Please, attach documentation that is requested in the end of the application.*i*

Valid CVI certifications of other systems

.....
Former certifications of certified system from other certification bodies – attach certificate
.....

System established from:

.....

Consultancy company utilized, if any.

.....

Consultants utilized, if any

.....



Contract No: _____

PLEASE, SUBMIT FOLLOWING INFORMATION FOR EACH STABLE LOCATION SEPARATELY

Location

Address.....

.....

.....

(For more than one locations, pl provide details on additional sheet.)

No of Employees

Give number of employees below

Full time empl. working in 1 shift N1:

Full time empl. working in 2 shifts N2:

Full time empl. working in 3 shifts N3:

Part time empl. working in 1 shift N4:

Part time empl. working in 2 shifts N5:

Part time empl. working in 3 shifts N6:

Number of temporary sites :

Are there other activities on night shift than on day shifts? YES NO

Do you apply corporate head office requirements or special requirements of local authorities applicable to the certified system? YES NO

APPLICATION

I, signed below, apply for the management system audit according to this application. I am bound by this application to meet the certification requirements and to provide the auditors with personal safety means, enable them access to persons, documents, data, records, information and places necessary for the management system audit and to ensure permission of the audited organisation to perform the audit, and with access to the above mentioned. Before the audit of the organisation, I shall provide, on the request of the

auditor, the necessary information about human and technological resources of the audited organisation, management system manual/document describing the elements of the management system and the interactions of thereof, and the management system documentation for the purpose of preparation of the audit on the premises. I agree with the engagement of CVI suppliers and persons of accreditation bodies in the certification process. I declare that I received and understand Certification Agreement and other contractual documents.

Please, attach to the application *K žiadosti priložte, prosím*

- Management system certification agreement approved by the statutory representative of the applicant
- Organisational chart
- Manual/documentation describing the management system elements and their interactions
- Copies of valid system certificates
- Advertisement materials
- Sheets for other locations of the organisation

Date

Signature of the statutory representative
(Pl Affix official Seal / Rubber Stamp)

<u>DO NOT FILL IN – FOR CVI ONLY</u>	Delivered on (date):
IAF codes : Corrected No of employees (N1+ N2/2+ N3/3+ N4/2+N5/4+N6/6 =)	
RISK LEVEL: <input type="checkbox"/> Limited <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
DECISION: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected REASON / COMMENT:	
.....	
Date of Decision	Signature