



CERTIFICATION APPLICATION – CONTRACT FORM

D09.1.1

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Indicate the standard against you apply for certification:

- | | |
|-------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Certification ISO 22000:2005 | <input type="checkbox"/> Certification OSHAS 1801 |
| <input type="checkbox"/> Certification ISO 9001:2015 | <input type="checkbox"/> Certification ISO 14001:2015 |
| <input type="checkbox"/> Certification FSSC 22000 | <input type="checkbox"/> Other (please specify) |

Please, fill in the following information:

Company Name			
Address			
City		Country	
Contact person		Charge	
Phone	Mobile	Fax	
E-mail			

Please, provide the following information

Main products / services /type of packing			
Number of employees / no of shifts	/	Surface (m2)	N° production lines
Multifunctional sites Y/N? (Please Specify if YES)			
Record any Legal / Lecensing Requirements			
State No. of HACCP plans involved (Filled only for ISO22000 / FSSC22000)			
Subcontracted Work Y/N? (If applied specify type and %)			
Please name of Consulting firm (If involved)			
Other Certifications achieved			
Comments:			

On behalf THE APPLICANT:

Date :

Signed:

(Name and Surnames in capital letters)

Q-check Head Office

9-17 Erithrou Stavrou st. 41221 Larissa – Greece.

Tel.: +30 2410 538 835 • Fax: +30 2410 538 919

E-mail: info@qcheck-cert.gr

<http://www.qcheck-cert.gr>



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Please, send by fax, postal mail or scanned by email to **Q-check** or to the corresponding **Q-check** delegation in your country.

Information to be filled only by Q-check office

COMPANY		CLIENT I.D	
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EA CODES / CATEGORY	MAN- DAYS STAGE 1	MAN – DAYS STAGE 2	MAN-DAYS SURVEILLANCE
Comments:			

Q-check signature		H.Q Approval	
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