



CERTIFICATION APPLICATION FORM

P09_DOC01.1

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Indicate the standard against you apply for certification:

- | | |
|---|---|
| <input type="checkbox"/> Certification ISO 22000:2018 | <input type="checkbox"/> Certification 45001:2018 |
| <input type="checkbox"/> Certification ISO 9001:2015 | <input type="checkbox"/> Certification ISO 14001:2015 |
| <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> Certification FSSC 22000 v.6 |

Please, fill in the following information:

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

Please, provide the following information

Main products / services				
Certification scope				
Number of employees / 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/ FSSC 22000)				
Subcontracted Work Y/N? (If applied specify type and %)				
Please name QMS Consulting firm (If involved)				
Other Certifications achieved please specify the CB also				
Comments concerning seasonality / product design / information for period that an unannounced audit is not possible / internal Laboratory analysis:	/	/	/	

On behalf THE APPLICANT:

Date :

Signed:
(Name and Surnames in capital letters)

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

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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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	MAN-DAYS RECERTIFICATI ON
Comments:				

Q-CHECK signature		H.Q Approval	
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