

APPLICATION FOR EXTENSION TO SCOPE

Please complete and return this form for the Registration of new management systems, or where you wish to transfer and /or extend your existing certification from another Accredited Certification Body.

Section 1. Company Details	
Company Name:	
Company Address: If new or additional sites	
Post Code:	
Main Contact Name:	
Telephone:	Mobile:
Email:	
Company Type: (e.g., Ltd, LLP...)	

Section 2. Company Activities (Highlight any changes from current)	
Your Industry:	
Your Trade:	
Brief Description of Your Activities:	
Approximate Turnover	
Scope defined on current certificate	
New Scope Requested	

Section 3. Standard(s) You Are Applying For

Standards Applying For?	<input type="checkbox"/> ISO 9001	Type of Management System?	<input type="checkbox"/> Modular (single)
	<input type="checkbox"/> ISO 14001		<input type="checkbox"/> Combined
	<input type="checkbox"/> OHSAS 18001		<input type="checkbox"/> Integrated
Are you using a Consultant?	<input type="checkbox"/> Yes	Consultant Name:	
	<input type="checkbox"/> No		

Section 4. People

Location(s)		Numbers of People Involved in The Core Processes to be Audited ¹							
Location Type	No. of Sites	Management Staff		Supervisory Staff (Site Foremen etc)		Permanent Employees		Temporary Staff / Sub Contractors ²	
		F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T
Head Office									
Regional Office(s)									
Factories/Depots									
Customer Sites									
Do you Work on Customer Sites?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe the nature of your works:						
Do you Operate a Shift Pattern?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe pattern:						

Section 6. Application Request

- The information provided in this application will enable us to determine any audit activities necessary to decide whether or not the extension may be granted.
- All work and audits is chargeable.

Name:		Position:	
Signature:		Date:	

Please return a copy of this Application (Including any attachments) by email to enquiries@isocomply.com or by post to **IsoComply Limited**, F3 Oaklands Office Park, Hooton Road, Cheshire CH66 7NZ

¹ Please attach a copy of your company organisation chart, where possible.

² This is the number of people we are likely to see at the time of the audit. If you use 30 Sub-Contractors but only 5 are used at any given time, then the number to use 5 and not 30.