# Application for Certification

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.

Please also read CA-03 Rules of Certification which is available via our website.

## Application Type

Please tick the relevant box.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | New Registration |  | Transfer of Existing Certification |  | Extension to Scope |

## Company Details

|  |  |
| --- | --- |
| **Company Name:** |  |
| **Company Address:** |  |
| **Company Telephone:** |  |
| **Website:** |  |
| **Main Contact:** |  |
| **Telephone:** |  |
| **Email:** |  |

## Company Activities

|  |  |
| --- | --- |
| **What is the nature of your business activities:** |  |
| **Who are your typical clients:** |  |
| **Approximate Turnover:** |  |

## Personnel and Location(s)

If Applicable, please tell us how many of the following you have, not including your head office:

|  |  |  |
| --- | --- | --- |
| **Type** | **Guide** | **Amount** |
| **Regional Offices** | *A satellite office, e.g. a sales office, that is not part of the head office location.* |  |
| **Permanent Sites** | *A fixed site where business activities are carried out on a continuing basis, for example a factory, that is not part of the head office location.* |  |
| **Temporary Sites** | *A site where business activities are carried out for a finite amount of time and is not intended to become a permanent working place for the company, e.g. a construction site.* ***NB please indicate how many temporary sites you are likely to operate on at any given time.*** |  |
| **Virtual Sites** | *A Virtual location where a company performs work or provides service using an on-line environment.* |  |

|  |  |
| --- | --- |
| **How many people do you employee in total:** |  |
| *Of which, please tell us how many people you employ in relation to the following areas:* |
| **Area** | **Quality** | **Environment** | **Health & Safety** |
| Senior Management |  |  |  |
| Accounts & Finance |  |  |  |
| Sales & Marketing  |  |  |  |
| Compliance (HSEQ) |  |  |  |
| Design |  |  |  |
| Operational Staff |  |  |  |
| Subcontractors |  |  |  |
| Other: |  |  |  |
| Other: |  |  |  |
| Other: |  |  |  |

|  |  |
| --- | --- |
| **Please provide details about any shift patterns you have** |  |

If you outsource any of your processes, e.g. accounts, design, IT, etc, please provide details below:

|  |  |  |
| --- | --- | --- |
| **Subcontractor/Supplier** | **Services Outsourced** | **% of Process Outsourced** |
|  |  |  |
|  |  |  |
|  |  |  |

## Standard(s) you are applying for

Please tick the relevant box.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ISO 9001:2015Quality Management |  | ISO 14001:20015Environmental Management |  | \*OHSAS 18001:2007Health & Safety Management |
|  |  |  |  |  |  |
|  |  |  | \*OHSAS 18001:2007 will cease to be valid after March 2021 |  | ISO 45001:2018Occupational Health & Safety Management |
|  |  |  |  |  |  |

## Transfer of Existing Certification

Only complete this section if you are transferring your certification from another accredited certification body.

|  |  |
| --- | --- |
| **Certification Body:** |  |
| **Certificate Ref:** |  | **Cert Expiry Date:** |  |
| **Scope of Registration:** |  |
| **Details of Exclusions:****(e.g. design)** |  |

## EMS/OHSAS Factors

Only complete this section if you are applying for environmental and/or health and safety certification, if you answer yes, please provide short details.

|  |  |
| --- | --- |
| Have you had any prosecutions/notices from HSE in the last 2 years?  |  |
| Have you had any prosecutions from Environment Agency in the last 2 years?  |  |
| Have you had any fatalities within the last 2 years?  |  |
| Do you work in locations where members of the public are present? |  |
| Do you employ multi-lingual staff/subcontractors? |  |
| Do you work in areas of special environmental interest, e.g. SSSI’s? |  |
| Do you work in/with COMAH sites? |  |

## Application Request

* The information provided in this application will enable us to produce a budget price / approximate programme for your accreditation.
* Once price and programme are agreed, the Stage 1 and Stage 2 audit process will be implemented.
* I confirm that we have read, understood and accept CA-03 Rules of Certification supplied by IsoComply Limited.
* I acknowledge that payments are required to be cleared funds in IsoComply Limited’s bank accounts 7 days before audits.
* I undertake to provide information in relation to changes of address, scope, personnel involved in this process and scope covered by this request / certificate issued upon completion to enquiries@isocomply.com
* Accreditation Certificates issued by IsoComply Ltd are private documents and are solely issued electronically. These are not displayed or listed upon our website.

Please attach the following with your application (where appropriate):

|  |  |  |  |
| --- | --- | --- | --- |
|  | All Standards |  | For Transfers Only |
|  | Organogram |  | Current Certificate |
|  |  |  | Most Recent Report |
|  | 18001 (Health & Safety) |  | Current 3-Year Plan |
|  | Accident Statistics (AFR/AIR) for past 3 years |  | Evidence of NCR Resolution |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Position:** |  |
| **Signature:**  |  | **Date:** |  |

We look forward to working with you so that the hard work and effort you have put into developing and implementing your management systems receives the formal recognition that it deserves and continually helps your business to improve and grow.

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, Hooton, Ellesmere Port, Cheshire, CH66 7NZ.