|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **COMPANY DATA** | | | | | | | | | | | | | | | |
| COMPANY NAME | | | | | 🖉 | | | | | | | | | | |
| TAX NR. | | | | | 🖉 | | | | | UNIQUE CODE | | | 🖉 | | |
| LEGAL OFFICE ADDRESS | | | | | 🖉 | | | | | | | | | | |
| OPERATIONAL SITE ADDRESS | | | | | 🖉 | | | | | | | | | | |
| LINKED COMPANIES (IF APPLICABLE) | | | | | 🖉 | | | | | | | | | | |
| CORPORATE GOVERNANCE | | | | | 🖉 | | | | | | | | | | |
| PHONE | | | | | 🖉 | | | | | | | | | | |
| FAX | | | | | 🖉 | | | | | | | | | | |
| E-MAIL | | | | | 🖉 | | | | | | | | | | |
| MANAGEMENT SYSTEM RAPRESENTATIVE / PRODUCT RESPONSIBLE | | | | | 🖉 | | | | | | | | | | |
| PHONE / MOBILE | | | | | 🖉 | | | | | | | | | | |
| FAX | | | | | 🖉 | | | | | | | | | | |
| E-MAIL | | | | | 🖉 | | | | | | | | | | |
| 1. **TYPE OF AUDIT** | | | | | | | | | | | | | | | |
| NEW CERTIFICATION  TRANSFER AUDIT | | | | | | | | | | | | | | | |
| 1. **SCHEME OF CERTIFICATION / ATTESTATION** | | | | | | | | | | | | | | | |
| ISO 9001:2015 | | ISO 14001:2015 | | | | | | ISO / IEC 27001:2022 | | | | | | ISO 21001:2018 | |
| ISO 45001:2018 | | ISO 22000:2018 | | | | | | ISO 50001:2018 | | | | | | ISO 39001:2012 | |
| HACCP | | Reg. 333/2011 | | | | | | Reg. 715/2013 | | | | | | MTIC 56002:2019  (ISO 56002) | |
| KMQG-1.0-2023 | | OTHER ........................................................................................................................................ | | | | | | | | | | | | | |
| 1. **INTEGRATED AUDIT** (In case of more management system schemes, please cross which documentation is integrated) | | | | | | | | | | | | | | | |
| Management Reviews that consider the overall business strategy and plan  An integrated approach to internal audits.  An integrated approach to policy and objectives.  An integrated approach to systems processes.  An integrated documentation set including work instructions, to a good level of development as appropriate.  An integrated approach to improvement mechanisms, (Corrective and Preventive Action; measurements and Continual Improvement).  An integrated approach to planning, with good use of business wide risk management approaches.  Unified management support and responsibilities. | | | | | | | | | | | | | | | |
| 1. **PERSONNEL OF COMPANY INVOLVED IN MANAGEMENT SYSTEM** | | | | | | | | | | | | | | | |
| No. employees full-time | | | 🖉 | | | No. part-time employees | | | | | 🖉 | Notes: 🖉 | | | |
| No. employees per shift / No. Shifts | | | 🖉 | | | No. seasonal employees | | | | | 🖉 |
| Other sources (freelances, subcontractor , etc.) involved in the processes to certify. | | | | | | | | | | | 🖉 |
| ADDRESS OF OPERATIVE SITES / BRANCH OFFICE  (TO VERIFY) | | | | | | | NO. EMPLOYEES / SHIFT | | | | | NOTES | | | |
| 🖉 | | | | | | | 🖉 | | 🖉 | | | 🖉 | | | |
| 🖉 | | | | | | | 🖉 | | 🖉 | | | 🖉 | | | |
| 🖉 | | | | | | | 🖉 | | 🖉 | | | 🖉 | | | |
| 1. **FIELD OF ACTIVITY** (Proposal for scope of certificate) (please attached a copy of your Chamber of Commerce registration) | | | | | | | | | | | | | | | |
| 🖉 | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| * 1. Exclusions of applicability for realization of product and justification [[1]](#footnote-1) 🖉 | | | | | | | | | | | | | | | |
| * 1. Outsourcing activities 🖉 | | | | | | | | | | | | | | | |
| * 1. Further information 🖉 | | | | | | | | | | | | | | | |
| Company has been already certified by another certification Body? If yes, which one?🖉 | | | | | | | | | | | | | | | |
| Expiring date of certificate: 🖉 | | | | | | | | | | | | | | | |
| Did the Company receive a outsourcing training or consulting service for implementing or maintaining your MS? If yes, Please fill following fields: | | | | | | | | | | | | | | | |
| Period: 🖉 | | | | Type: 🖉 | | | | | Consultant: 🖉 | | | | | | |
| *NOTE: The certification body reserves the right to request further documents for the preparation of the offer if necessary* | | | | | | | | | | | | | | | |
| 1. **TRANSFER CERTIFICATION AUDIT** (please fill in TIC-F-MS-03\_07 Specific Information for Certification Transfer form) | | | | | | | | | | | | | | | |
| 1. **SPECIFIC REQUESTS ABOUT SERVICE** | | | | | | | | | | | | | | | |
| Company wishes receiving a Pre-audit? | | | | | | | | | | | | | | | **YES** NO |
| Potential deadline for achievement of the certificate: 🖉 | | | | | | | | | | | | | | | |
| 1. **SPECIFIC CERTIFICATION REQUIREMENTS** | | | | | | | | | | | | | | | |
| Depending on the certification required, please complete the form:   * TIC-F-MS-03\_04 Specific information for ISO/IEC 27001 requirements * TIC-F-MS-03\_06 Specific information for ISO 50001 requirements; * TIC-F-MS-03\_10 Specific information for ISO 22000 requirements; * TIC-F-MS-03\_11 Specific information for ISO 45001 requirements; | | | | | | | | | | | | | | | |
| 1. **HOW DID YOU KNOW ABOUT InterCert?** | | | | | | | | | | | | | | | |
| Advertisement | Recommendation of Companies certified by InterCert | | | | | | | | | | | | | | |
| Internet | Direct contact with InterCert | | | | | | | | | | | | | | |
| Seminars | Other: 🖉 | | | | | | | | | | | | | | |

Your personal data will be managed by InterCert in compliance with national legislation in privacy matter.

🖉 🖉

Place, date Stamp, Signature of Company Legal Representative

1. Only for Quality Management System [↑](#footnote-ref-1)