



# Management Systems Certification Application

The following by applicant (*company*) use: *[Please if you have any inquiries or need more clarification, please contact us]*

<b>1. Applied for:</b>			
<b>Certification*</b>	<input type="checkbox"/> ISO 9001 – Quality Management System [QMS] <input type="checkbox"/> ISO 22000 – Food Safety Management System [FSMS] <input type="checkbox"/> ISO 9001 + ISO 22000 – Integrated Management System [IMS]		
<b>Request for a Pre-Audit Visit</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>How did you hear about HEIACert?</b>			
<b>2. Company General Information</b>			
<b>Company Name*</b>			
<b>Company Address*</b>			
<b>Company Phone Number*</b>			
<b>Company E-mail Address*</b>			
<b>Company Fax Number</b>			
<b>Company Website</b>			
<b>3. The Contact person/Company Representative information</b>			
<b>Full Name*</b>		<b>Title *</b>	
<b>E-mail address*</b>		<b>Mobile Number*</b>	
<b>4. Company Registration Details and audit duration information</b>			
<b>Scope of Registration*</b> <i>{include any exclusions (e.g. Design)}</i>			
<b>General Activities*</b> <i>(e.g. welding, CNC Machining), Human, Technical Resources, and Relationships with other Corporations</i>			
<b>Detail any Applicable Legislation and/or standards you work to*</b>			
<b>Total staff in the company to be audited*</b> <i>(show breakdown)</i>	<b>Total :</b>		
	<b>Contracted?</b>	<b>Part-Time?</b>	<b>Temps?</b>
<b>Do you run shifts? *</b> <i>If so please give employee breakdown and types of work carried out for each shift</i>			
<b>No. of production lines*</b>			
<b>The total area of site m2*</b>			
<b>The total area of the manufacturing facility in m2*</b>			
<b>The total area of storage facilities on-site in m2*</b>			
<b>No. of HACCP Studies*</b> <i>Note: A HACCP study may correspond to a family of products with similar hazards and similar production technology.</i>			

(\*): Mandatory information



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### Company Registration Details

<b>Do you have more than one office location*</b> <i>If so please detail including employee breakdown and operations</i>	
<b>Operate on temporary sites (non-permanent)*</b> <i>If so please detail the typical number of sites</i>	
<b>NACE/EA Code</b> <i>if Known</i>	
<b>Documentation Language*</b>	
<b>Integration Level of the IMS Documentation*</b> <i>(In Case of IMS Only)</i>	
<b>When do you expect to be ready for the Stage 1 Audit? *</b>	
<b>When do you expect to be ready for Stage 2 Audit? *</b>	

### 5. Previous Certificates and transferred from another CB

Are you currently certified according to Management Systems Certification by another CB or certified before?  Yes  No

➤ *if your answer (Yes), Kindly explain: [Please send a copy of certificate]*

<b>CB Name*</b>		<b>Certificate No*</b>	
<b>Certification Scope*</b>		<b>Certificate Status*</b>	

### 6. Outsourced Processes \* *(e.g. Heat Treatment, Planning Applications)*

Do you have any outsourced Processes?  Yes  No

➤ *if your answer (Yes), kindly specify.*

### 7. External Consultant \*

Have you used an external consultant or have you got any experience with Management Systems?  Yes  No

➤ *if your answer (Yes), kindly specify.*

### 8. Supporting Documents to be attached to the Application: \* *Please ensure that documents are submitted together with the application where appropriate:*

The legal entity for the company	<input type="checkbox"/> Commercial Registration
	<input type="checkbox"/> Industrial Registration
	<input type="checkbox"/> Tax Card

### Company Confirm

*You need to sign and stamped this form if handing in a hard copy. Typing your full name will suffice if sending electronically.*

Signature with the stamp of the company

Date Signed:



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## This enclosed For HEIACert use ONLY

Date of Receipt of the application:

Registration No. with HEIACert (Client ID):

Application Type:

- New Application (First time with HEIACert)
- Renewal Application
- Extension Application.

Application Status:

- Accepted
- Rejected

If rejected kindly specify the Reason:

\_\_\_\_\_  
*Signature of Application reviewer*

\_\_\_\_\_  
*Date Signed:*