

APPLICATION FOR MANAGEMENT SYSTEMS CERTIFICATION

1. CORPORATE TITLE:

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2. ADDRESS OF THE ORGANIZATION

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3. PROFESSION

ACTIVITY:	
VAT:	TAX OFFICE:

4. CONTACT DETAILS:

Surname:	Name:
Tel./ Mob.:	Fax:
e-mail:	web-site:

5. SCOPE FOR WHICH CERTIFICATION IS REQUIRED (as you wish to indicate in the Certificate):

EA:	NACE:

6. MANUFACTURING UNIT ADDRESS:

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If there are branches, please fill in the table below:

s/n	Address	Activity	No of Personnel
1			
2			

7. If there are temporary facilities (eg construction sites, third party facilities) please fill in the following table:

s/n	Address	Activity	No of Personnel
1			
2			

8. PERSONNEL

No of full-time personnel:	No of external provider personnel:
Shifts:	Personnel in shifts:
No of part-time personnel: Duration (months):	No of seasonal personnel: Duration (months):

9. ACTIVITIES / PRODUCTS PERFORMED BY EXTERNAL PROVIDERS

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10. REFERENCE STANDARDS FOR WHICH CERTIFICATION IS REQUESTED:

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In case the Organization holds Management System/ Product Certifications, please submit the relevant Certificates

11. IF THIS IS A TRANSFER OF CERTIFICATE, MARK WITH X THE FOLLOWING FIELD:

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12. IF THIS IS ISO 14001 CERTIFICATE PLEASE FILL THE FOLLOWING DETAILS:

Key Environmental Aspects - Air emissions - Disposals to the ground - Discharges into the water - Use of raw materials - natural resources - energy - Emitted energy - Waste generated - Use of space - Others	
Legal requirements arising from applicable Environmental legislation	

13. IF THIS IS ISO 22000 CERTIFICATE PLEASE FILL THE FOLLOWING DETAILS:

HACCP Studies (Number):	
Production lines per product (Number):	
Flowcharts by product or production line (Number):	
Operational Prerequisite Programmes (OPRPs):	

14. IF THIS IS ISO 50001 CERTIFICATE PLEASE FILL THE FOLLOWING DETAILS:

No. of Personnel directly involved:	
Annual energy consumption (TJ):	
Number of energy sources:	
Number of important energy uses:	

15. IF THIS IS ISO 27001 CERTIFICATE PLEASE FILL THE FOLLOWING DETAILS:

1. The Organization uses IT platforms, servers, operating systems, databases, networks, etc .	Few or standard	
	Several different	
	Many different	
2. The Organization depends on external providers in its important activities.	Little or no dependence	
	Partial dependence	
	High dependence	
3. The Organization uses information systems in important activities.	None or limited	
	Partial	
	Extensive	

Please submit the Statement of Applicability (ISO/IEC 27001/§ 6.1.3d)

16. IF THIS IS ISO 45001 CERTIFICATE PLEASE FILL THE FOLLOWING DETAILS:

Key risks/ hazards of OH&S - Noise - Dust - Electricians - Biological - Chemists - Temperature - Others			
Hazardous materials you manage			
Legal requirements arising from applicable OH&S legislation			
Accident Data (Last 3 years)	Year 20...	Year 20...	Year 20...
No of accidents:			
Index (Accidents / No. of Employees):			

17. STANDARDS/ SPECIFICATIONS/ REGULATIONS AND COMPULSORY LEGISLATION THAT APPLY TO THE REQUESTED SCOPE

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18. DESCRIBE THE CURRENT AVAILABLE DOCUMENTATION

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19. PERSONNEL INVOLVED (Please complete the table / if applicable)

POSITION	SURNAME/ NAME
Management Representative	
Management System Manager	
Deputee Management System Manager	
Occupational Safety Officer	
Occupational Doctor	
Employees Representative	

20. CONSULTANT DETAILS (If cooperated with the Organization)

Surname:	Name:
Tel./ Mob.:	e-mail:

21. DESIRED DATE OF INITIAL INSPECTION (2 months application required)

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I declare that:

- I read and accept the BQV Regulation of Certification of Management Systems (Posted on the website www.bqv.gr)
- I was informed that the processing of personal data is carried out in accordance with the BQV Personal Data Processing Policy (Posted on the website www.bqv.gr)

The authorized representative to sign this application:

Surname:	Name:
Date:	Place:
Signature/ Stamp:	

Filled by BQV

Application review:

Performed by:			
Date:			
Accredited Service:	YES	NO	
Approved by:			
Comments			