



ORDER FOR CERTIFICATION/ RENEWAL

1. Information about the applicant:

ORGANIZATION	
LEGAL OFFICE	
COUNTY	
ZIP CODE	
CORRESPONDENCE ADDRESS	
COUNTY	
ZIP CODE	
PHONE	
FAX	
GENERAL MANAGER	
CONTACT PERSON	
FUNCTION	
PHONE	
FAX	
EMAIL	
LEGAL STATUS	
VAT	
IBAN	
BANK	

2. Information about the activity:

Total number of employees		Average number employees expected for the next 3 years	
Number of shifts		Number of employees / shift	
Number of seasonal, temporary employees		Period / year in which seasonal, temporary employees are involved	
Number of employees involved in outsourced processes		Number of sites	
Total number of subsidiaries			



3. Information about the certification request

Office/subsidiary adress	No. of employees	Standards	Activities

- APPLICABLE STANDARDS
- | | | | |
|--------------------------|---------------------|--------------------------|---------------------|
| <input type="checkbox"/> | ISO 9001: 2008/2015 | <input type="checkbox"/> | ISO 14001:2004/2015 |
| <input type="checkbox"/> | OHSAS 18001:2007 | <input type="checkbox"/> | ISO 27001:2013 |
| <input type="checkbox"/> | ISO 22000:2005 | <input type="checkbox"/> | ISO 28000:2007 |
| <input type="checkbox"/> | ISO IEC 20000:2005 | <input type="checkbox"/> | ISO 50001:2011 |
| <input type="checkbox"/> | EMAS | <input type="checkbox"/> | |

4. When do you want the certification audit to be performed?

Month year

Filled in by:**

Name, surname _____
 Function _____
 Signature/stamp _____
 Data _____

** By signing this order, the applicant agrees to provide any information necessary for its assessment performed by the certification body Procerc Laboratory and to comply with conditions mentioned in the Certification Rules of Procerc Laboratory, edition in force.