**autorizovaná osoba č. 201**

**notifikovaná osoba č. 1014**

**akreditovaná zkušební a kalibrační laboratoř**

**akreditovaný orgán pro certifikaci výrobků a systémů řízení**

| **REQUEST FOR QUALITY MANAGEMENT SYSTEM(S) CERTIFICATION** |
| --- |
|  | Applicator’s name and address (the state also legal subjectivity and how you are registered in the Business Register):..................................................................................................................................................................................................................................................................................................................... Post Code: ...................... |
| Telephone: | ................................. | Mobile phone: | .................................. |
| Fax No.: | ................................. | E-mail: | .................................. |
| VAT No: | ................................. |  | .................................. |
| Bank details, account number: | ............................................................................................................................ |
| Statutory representative/position: | .............................................................. |
| Person(s) entitled to sign a contract/position:  | .............................................................. |
|  | Contact person/position: | .............................................................. |
| Telephone: | ................................. | Mobile phone: | .................................. |
| Fax: | ................................. | E-mail: | .................................. |
| 1. Sy
 | Required certification(s) – complete particular questionnaire(s): | Appendix to request: |
| ČSN EN ISO 9001:2016  | [ ]  | Questionnaire – QMS |
| ČSN EN ISO 13485:2016  | [ ]  | Questionnaire – QMS/13485 |
| ČSN EN ISO 14001:2016 | [ ]  | Questionnaire – EMS  |
| Regulation of the European Parliament and of the Council (EC) No. 1221/2009 of 25 November 2009 – EMAS as amended by Commission Regulation (EU) 1505/2017 and 2026/2018 | [ ]  | Questionnaire – EMAS  |
| ČSN ISO 45001:2018 | [ ]  | Questionnaire – SM BOZP 45001 |
| ČSN EN ISO/IEC 27001:2014 | [ ]  | Questionnaire - ISMS |
| ČSN ISO/IEC 20000-1:2019 | [ ]  | Questionnaire - ITSM |
|  |  |  |

|  |  |
| --- | --- |
|  | Production program / Rendered services (subject to certification): .................................................................................................................................................................................................................................................................................................................................... |
|  | Place / Workplace - subject to certification (including dislocated workplaces): .................................................................................................................................................................................................................................................................................................................................... |
|  | Outsourcing (outsourced processes) – associated with the subject of certification:.................................................................................................................................................................................................................................................................................................................................... |
|  | Number of employees (subject to certification / in shift operation / in dislocated workplaces):.................................................................................................................................................................................................................................................................... |
| **Applicator’s declaration:**The organization undertakes to meet the demands for certification, and it agrees with the certification rules, procedures, and processes of the certification body. In addition, after the conclusion of a contract, the organization undertakes to enable the EZU representatives access to all places related to assurance and implementation of a particular management system according to the required subject of certification and to provide all necessary information and written supporting documents. |
| ..................................Date | ..........................................Signature of the statutory body |

|  |
| --- |
| **REVIEW OF APPLICATION****(Performed by the certification body, Please do not fill out):** |
| ***Ověření poradenství resp. provádění interních auditů:**** *činnost poradce (firma/konzultant):* ………...............................................…………......................…….
* *interní audity provádí:* ………...................................................................………............…..........…….
* *nestrannost lze zajistit:* [ ]  *ANO* [ ]  *NE*
* *eventuální poznámka:*

………...................................................................………........................................................….......………...................................................................………........................................................….......………...................................................................………........................................................…....... |
| ***Přezkoumání zpráv z auditu bude provádět*** *(řídí se dle PJ)****:***[ ]  *MP SŘ* [ ]  *komise* |
| ***Předpoklady k certifikaci:***[ ] *jsou splněny* [ ]  *nejsou splněny* |
| ***Předpokládaný tým auditorů / Základní počet auditodnů:*** |
| ***NACE…………………………………………******TO***  | ..........................................**Přezkoumal** **Ing.Radek Teufl** **vedoucí certifikačního orgánu**  |