**Application Form**

*No need to print it out. You can send the completed application to office@incert.bg. If you don't see the interactive content on the side, press Ctrl + F and select Headings to open it.*

**Application Type**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Initial Certification |  | Change in certification |  | Renewal |  | Transfer |

# **Part 1. Organisation Information**

|  |  |
| --- | --- |
| Name |  |

|  |  |
| --- | --- |
| Company Reg. No |  |

|  |  |
| --- | --- |
| Contact Person |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Email |  | Phone |  |

Additional Information (e.g., regarding the requested change or other relevant details).

**Certification Standards** *(mark):*

|  |  |  |  |
| --- | --- | --- | --- |
|  | ISO 9001:2015 |  | ISO 22000:2018 |
|  |  |  |  |
|  | ISO 45001:2018 |  | ISO 39001:2012 |
|  |  |  |  |
|  | ISO 14001:2015 |  | ISO/IEC 27001:2022 |
|  |  |  |  |
|  | ISO 37001:2016 |  | Other: |

*For each standard other than ISO 9001:2015, complete the corresponding section. If you have marked "transfer," complete Section 8. If the application is for simultaneous certification for more than one standard, complete Section 9.*

**Scope of Certification (brief description of activities, products, and/or processes within the scope):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Address of the Site Where Work is Performed[[1]](#footnote-1)** | **Processes, Activities, Working Hours, Shifts** | **No of Employees** | **Site Type[[2]](#footnote-2)** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Temporary |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Temporary |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Temporary |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Temporary |

If you have indicated more than one site, please mark which of the following statements apply to your management system.:

|  |  |
| --- | --- |
|  | The organization has a single, unified management system for all sites. |
|  |  |
|  | The organization has a centralized management that is part of it and has not been outsourced to an external provider. |
|  |  |
|  | The central management has the authority to develop, implement, and maintain the unified management system for all sites within the scope of certification. |
|  |  |
|  | A unified management review is conducted for the central management and all sites. |
|  |  |
|  | All sites are included in the organization's internal audit program. |
|  |  |
|  | The central management is responsible for collecting and analyzing data from all sites. |
|  |  |
|  | The central management has the authority and capability to impose the following changes in the processes of individual sites:   * System and documentation modifications * Changes resulting from management reviews * Adjustments based on complaints * Corrections following corrective actions * Improvements based on internal audits and performance evaluations * Changes arising from regulatory requirements relevant to applicable standards |

**Information on outsourced processes:**

**Information on Consultancy Services Used, if Applicable (Consultant's Name):**

**Information on Applicable Regulatory and Other Requirements for the Scope:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you develop new products/services?** | Yes |  | No |

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you manufacture products?** | Yes |  | No |

**Information on Other Valid Management System Certifications.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Audit Language** |  | **Audit Deadline** | **15.01.2025** |

# **Part 2. Occupational Health and Safety: ISO 45001:2018**

|  |  |
| --- | --- |
| Key occupational health and safety hazards and risks related to the activity. |  |
|  |  |
| Do you use hazardous chemical substances and mixtures in your activities? If "yes," please specify which ones. |  |
|  |  |
| Do you use installations and/or high-risk equipment (HPE) as defined by national legislation? If "yes," please provide details. |  |
|  |  |
| Applicable regulatory requirements related to occupational health and safety (OHS). Please specify. |  |
|  |  |
| Personnel working off-site (e.g., drivers, installers, etc.) or at temporary sites? Please clarify and specify the approximate number. |  |
|  |  |
| Have any occupational accidents been recorded in the past two years? If "yes," please provide details. |  |
|  |  |
| Are there any legal proceedings against you for violations of labor legislation and/or occupational health and safety (OHS)? If "yes," please provide details. |  |

# **Part 3. Environmental Management: ISO 14001:2015**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Significant environmental aspects and related processes. |  | | | | | |
|  |  | | | | | |
| Is the activity carried out in a residential area, industrial zone, rural area, or protected territory? Please provide clarification. |  | | | | | |
|  |  | | | | | |
| Applicable regulatory requirements, licenses, and permits for environmental management. Please specify. |  | | | | | |
|  |  | | | | | |
| Are there any "indirect" environmental aspects (e.g., design services)? Please provide a brief description. |  | | | | | |
|  |  | | | | | |
| Are there risks of significant environmental damage resulting from the storage or use of materials? Please provide a brief description. |  | | | | | |
|  |  | | | | | |
| **Level of process automation** | | Low |  | Medium |  | High |

# **Part 4. Information Security: ISO/IEC 27001:2022**

For each category, please mark only one statement that best describes the situation in your organization.

|  |  |  |
| --- | --- | --- |
| **Category 1: Organization's Activity and Regulatory Requirements** |  | The organization operates in business sectors that are not critical and have minimal regulatory requirements. |
|  |  |
|  | The organization serves clients from critical business sectors. |
|  |  |
|  | The organization operates in critical business sectors. |

|  |  |  |
| --- | --- | --- |
| **Category 2: Processes and Tasks** |  | The processes are standard with repetitive tasks, many employees performing the same tasks, and few products and services. |
|  |  |
|  | Standard processes, but not repetitive, with many products or services. |
|  |  |
|  | Complex processes, many products and services, and many business units. |

|  |  |  |
| --- | --- | --- |
| **Category 3: Information Security Management System** |  | The ISMS has been implemented for more than a year and/or other management systems have been implemented. |
|  |  |
|  | Some elements of other management systems have been implemented, but not all. |
|  |  |
|  | No other management systems are implemented, and the ISMS was implemented less than a year ago. |

|  |  |  |
| --- | --- | --- |
| **Category 4: Complexity of IT Infrastructure** |  | A few or highly standardized IT platforms, servers, operating systems, databases, networks, etc. |
|  |  |
|  | Several different IT platforms, servers, operating systems, databases, networks, etc. |
|  |  |
|  | Many different IT platforms, servers, operating systems, databases, networks, etc. |

|  |  |  |
| --- | --- | --- |
| **Category 5: Outsourcing to External Contractors, Suppliers (including Cloud Services)** |  | Minimal or no dependency on external contractors/suppliers. |
|  |  |
|  | The organization depends on external contractors/suppliers for some business processes (not for all and not for critical ones). |
|  |  |
|  | The organization is highly dependent on external contractors/suppliers who have a significant impact on critical business processes. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Category 6: Level of Development of Information Systems** |  | There are no or very few in-house developed software applications (information systems). | |
|  |  | |
|  | There are several in-house (or outsourced) software applications developed for some important business processes. | |
|  |  | |
|  | There is a large volume of in-house developed software applications. | |
|  | | |  |
| **Category Employees** | | | **Number in the category and comments, if necessary.** |

|  |  |
| --- | --- |
| **Read-only access: Employees with access only to information necessary for the performance of their duties.** |  |

|  |  |
| --- | --- |
| **No physical access: Individuals who do not have access to the facilities for processing information included in the scope of the ISMS.** |  |

|  |  |
| --- | --- |
| **Limited access: Individuals who have specific, demonstrated limited access to the facilities.** |  |

|  |  |
| --- | --- |
| **Full access with strict restrictions: Individuals with imposed limitations to prevent the disclosure of information (e.g., prohibition on bringing personal items into the work area).** |  |

# **Part 5. Food Safety ISO 22000:2018**

|  |  |
| --- | --- |
| Number of HACCP plans with their respective names for each site within the certification scope, including the hazards in each HACCP plan. |  |
|  |  |
| Description of products and processes, product lines, personnel, types and diversity of tasks affecting food safety management, product development, in-house laboratory testing, etc. |  |
|  |  |
| Information on the level of automation, use of closed production systems, other technologies, mechanization, and manual labor. |  |

# **Part 6. Road Traffic Safety: ISO 39001:2012**

*Mark one or more of the following statements that apply to your road traffic safety management system::*

|  |  |
| --- | --- |
|  | Employees use road transport to and from work, or during work (public transport or private vehicles as passengers or drivers, and as pedestrians or cyclists). |
|  |  |
|  | The organization conducts transportation of goods and passengers, including through subcontractors. |
|  |  |
|  | The organization conducts activities that generate traffic to and from locations controlled or influenced by the organization (e.g., supermarkets, schools, or other places with many visitors). |
|  |  |
|  | The organization provides services and products for the road traffic system (e.g., transportation services, management, planning, design, construction and maintenance of infrastructure, vehicles and related products, emergency medical services, trauma care, rehabilitation, control activities, and legislative activities). |

|  |  |
| --- | --- |
| Regulatory requirements and licenses/permits for road traffic safety management. Please specify. |  |
|  |  |
| Please specify which requirements of ISO 39001 have been determined as not applicable. |  |
|  |  |
| Have there been any road traffic accidents involving employees or in the area controlled by the organization in the last 12 months? If "yes," please provide details. |  |

# **Part 7. Anti-bribery: ISO 37001:2016 (Accredited Certification limited to Bulgaria only)**

|  |  |
| --- | --- |
| Are there processes and/or activities outside the scope of certification? If "yes," please specify which ones and the reasons why they should not be included. |  |

|  |  |
| --- | --- |
| Country(ies) where activities are carried out (This is not limited to the site. For example, clients in different countries can be served from an office in Bulgaria). |  |

|  |  |
| --- | --- |
| Specify applicable regulatory requirements, contractual and professional commitments and obligations (e.g., regulatory requirements for the lawful exercise of activity and evidence that they have been fulfilled – license number, permit, link to public register; long-term contracts in execution – e.g., those with at least two years remaining for completion). |  |

*Please fill out a separate table for each address you wish to include in the certification scope. The total number of personnel in "sensitive processes" may exceed the overall number of personnel in cases where one person is involved in more than one process.*

|  |  |
| --- | --- |
| Address of the site where the activity is carried out. |  |

|  |  |
| --- | --- |
| Type of site (e.g., headquarters, sales office, etc.). |  |

|  |  |
| --- | --- |
| Total number of personnel in processes with a high risk of bribery ("sensitive processes"). |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sensitive process** | **Number** | **Sensitive process** | **Number** |
| Strategic management |  | Sales/quoting |  |
| Financial management and control |  | Human resources management |  |
| Operational control and accountability |  | Cash handling |  |
| Management of distribution/sales networks |  | Activities related to receiving benefits and gifts |  |
| Conducting tender procedures and selection of suppliers |  | Maintaining contact with institutions and regulatory authorities |  |
| Supplier management |  | Internal audit |  |
| Provision of IT services (internal to the organization and/or for clients) |  | Sponsorship/financial support/grants |  |
| Maintenance of permits/licenses/registrations |  | Ensuring physical security |  |
| Issuance of permits/licenses/registrations |  | Processing complaints and grievances |  |
| *Other (add additional rows if necessary)* |  | *Other (add additional rows if necessary)* |  |

|  |  |
| --- | --- |
| Total number of personnel in processes with low risk. |  |

|  |  |  |
| --- | --- | --- |
| **Legal entities over which the organization has control (e.g., through ownership, participation in governing bodies, etc.).** | **Form of control** | |
|  |  | |
|  |  | |
| **Legal entities that have control over the organization (e.g., through ownership, participation in governing bodies, etc.).** | | **Form of control** |
|  | |  |
|  | |  |

*According to the certification requirements, during the review of your application, the certification body is required to conduct an independent verification of the information provided in the application from public sources. In case of any questions or the need for additional information, a representative of the certification body will contact you.*

|  |  |
| --- | --- |
| **Question/Statement** | **Answer** |
| Persons in managerial positions or positions with material responsibility, have they been the subject of investigation in this capacity, including whether charges related to "bribery" have been raised against them in the last five years?  If "yes," please provide additional information. |  |
| Approximate percentage of revenue from public sources during the last completed financial year? |  |

|  |  |
| --- | --- |
| Other information that may be relevant to the certification of the anti-bribery management system (ABMS)? |  |

# **Part 8. Transfer of Certification**

*This information is used to assess the possibility of certification transfer and to prepare an offer. After a positive decision for the transfer, we can reissue your certificate with its current validity and carry out the remaining audits. According to IAF MD 2:2017, our commitment is to notify the certification body that initially issued the certificate after the transfer is completed, and they are required to provide full assistance and not create any obstacles for the execution of the procedure. If, based on the review, it turns out that the status of your certification does not allow for a transfer, we will offer you a proposal for initial certification.*

|  |  |  |  |
| --- | --- | --- | --- |
| Is the certificate subject to transfer valid (including whether its validity has not been terminated by the certification body)? | Yes |  | No |

|  |  |
| --- | --- |
| Please specify the reasons for the transfer. |  |
|  |  |
| Have you received complaints from clients or others? If "yes," please explain. |  |
|  |  |
| Regulatory requirements that oblige you to hold a valid certificate? If "yes," please describe. |  |

**Please ensure that you have attached copies of the following documents to the application (mark which documents you are attaching):**

|  |  |
| --- | --- |
|  | The last issued valid certificate. |
|  |  |
|  | Report from Stage 2 of the initial audit or the last audit for certification renewal (whichever is applicable). |
|  |  |
|  | Report from the last conducted surveillance audit (if applicable). |
|  |  |
|  | Evidence that all non-conformities described in the reports have been closed or approved corrective action plans (CAP). |
|  |  |
|  | Audit schedule for the certification cycle provided by the certification body that issued the certificate. |

# **Part 9. Integrated Systems**

*Please mark only those that are applicable to the implemented integrated management system:*

|  |  |
| --- | --- |
|  | A general documentation of the integrated management system has been developed, including detailed work instructions. |
|  |  |
|  | The general business strategy and development plans are reviewed during management reviews. |
|  |  |
|  | An "integrated approach" is used during internal audits. |
|  |  |
|  | The policy and objectives are developed in an integrated manner, meaning they are common for the integrated system. |
|  |  |
|  | An "integrated approach" is used in process management. |
|  |  |
|  | An "integrated approach" is applied when implementing improvement measures (e.g., corrective actions, measurement, continuous improvement). |
|  |  |
|  | Responsibilities in the management system are defined "integrated." |

# **Form completed by**

|  |  |  |  |
| --- | --- | --- | --- |
| **Filled in (first name, last name, position):** |  |  |  |

No signature is required. Please send the completed form to office@incert.bg.

1. Start with the main site where you conduct your activities. [↑](#footnote-ref-1)
2. Select "Permanent" оR "Temporary" from the drop-down menu. [↑](#footnote-ref-2)