



## APPLICATION FOR CERTIFICATION

### Quest Certification (P) Ltd.

Plot No:29, First main road, Sabari Nagar Extn, 3<sup>rd</sup> cross,  
Mugalivakkam, Chennai -125, Tamil nadu, India.

Tel.:+044-22523025

E-mail: [services@questcertification.com](mailto:services@questcertification.com) Website: [www.questcertification.com](http://www.questcertification.com)

1. Please fill correctly to enable us understand your requirements and issue a formal offer.
2. No information shall be disclosed to any third party without the written consent of the customer in conformity with QCPL Policy & procedures.

☐ Initial Certification   ☐ Re-certification   ☐ Transfer at Surveillance   ☐ Transfer at Recertification

Organization Name	addsfasdz		
Organisation Type	<input type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other_____		
Name/ Designation of Top Management	aassfefsddz	Mobile no.	azzxcfsdfsfssz
Head Office	aasdfsdfsfadawz		
Main Operative Site (for additional sites see next page)			
Contact Person	Name		Position
	Mobile		Fax
	Tel.		e-mail
	Tel.		Website
Products/ Services			
Desired Scope of Certification			
Certification Scheme Applied	<input type="checkbox"/> ISO 9001 <input type="checkbox"/> ISO 14001 <input type="checkbox"/> ISO 22000 <input type="checkbox"/> ISO 27001 <input type="checkbox"/> OHSAS 18001 <input type="checkbox"/> HACCP <input type="checkbox"/> ISO 50001		
	Accreditation:		
Certified in any other management systems	<input type="checkbox"/> Yes _____ <input type="checkbox"/> Nil		
Applicable legal and statutory requirements		Compliance	
Language			

Safety conditions, if applicable	
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Outsourced processes		
Description of Technical resources e.g machinery		
Consultancy Organization/ consultant		<input type="checkbox"/> Self Prepared
#Desired date of audit		

# desired date should be the date, time and season when audit team has the opportunity to audit the organisation operating on the maximum product lines, categories and sectors covered by the scope.

No. of Employees	Main Site (above)	Site 1	Site 2	Remarks
Total including contracted (give break-up as below)				
Part time				
Production(Process wise break up is required)				
QC+Purchase+Store				
Marketing				
Others				
Number of persons in repetitive/identical process				
Number of Shifts (Details of employees working in each shift)				

#### For transferring certification from other certification body

Name of CB (attach certificate)		Latest Audit (attach report)	
Reason for Transfer			
certificate under suspension or under	<input type="checkbox"/> Yes, state reason_____ <input type="checkbox"/> No		

threat of suspension	
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**Information about branch offices/ other sites (to be certified)**

1 Site address:	
Activity(ies):	
2 Site address:	
Activity (ies):	

**ISO 22000/ HACCP specific**

Number of process lines	
Number of HACCP Studies	

**ISO 14001 specific**

Any statutory/ regulatory requirements related to the operations	
Any license/ approvals received related to environmental issues	
What type of emissions your organisation does	
Do you measure any emissions, if yes define	
Did you had any environmental incident in the past, if yes detail	
Other information	

**ISO 45001 specific**

Please detail the identification of key hazards and OH &SMS risks associated with processes.	
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Detail the main hazardous materials used in the processes	
Relevant applicable OH&SMS legal obligations	

### ISO 50001 specific

Give the details on the annual energy Consumption in KW/Terra Joules (Eg:Electrical, Thermal, Fuel etc)	
Give the details of the number of energy sources and name them(Eg: Electricity, Natural gas etc)	
Details on the significant energy uses	
Give the details on the number of EnMs effective Personnel (Top Management/MR/Energy management Team, Person responsible for major changes affecting energy performance, effectiveness of the Enms, developing, implementing or maintaining energy performance improvements significant energy uses).	

### ISO 27001 Specific

Have you prepared your Statement of Applicability?	
Please identify the level and type of risk associated with your information systems	

**COMBINED AUDITS: kindly fill the details required in the annexure**

I acknowledge that

- the information provided by me is correct as per my best knowledge and the QCPL offer is based on the above information. If during assessments any variation is found, QCPL may revise its arrangements and offer.
- Application fee once paid is non refundable

Name of the Authorized Representative:

Sign:

Date:

Attachments

- ☐ Previous Certificate (for transfer only)
- ☐ Previous Audit report (for transfer only)
- ☐ Other Useful information, if any.
- ☐ Annexure

**ANNEXURE FOR COMBINED AUDITS:**

<b>LEVEL OF INTEGRATION FOR COMBINED AUDITS:</b>	
1.Integrated documentation set, including work instructions	
2.Management Reviews that consider the overall business strategy and plan	
3.Integrated approach to internal audits	
4.Integrated approach to policy and objectives	
5.Integrated approach to systems processes	
6.Integrated approach to improvement mechanisms	
7.Integrated management support and responsibilities	

