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| **APPLICATION**  **FOR CERTIFICATION (RECERTIFICATION)**  **OF THE MANAGEMENT SYSTEM (indicate name)** | | | | | |
|  |  |  | |  |  |
|  |  |  | | To be completed by CTKAO-Expert:  Registration number and date:   |  |  |  |  | | --- | --- | --- | --- | | No. |  | dated |  | | |
|  |  |  | |  |  |
| **Information on the applicant organization** | | | |  |  |
| Full name of the organization | | | |  |  |
|  | | | | | |
| Legal address | |  | | | |
| Current address | |  | | | |
| Bank details | |  | | | |
|  |  |  | |  |  |
| Codes | INN (Taxpayer Identification Number) |  | | KPP (Registration Reason Code) |  |
|  | OKVED (All-Russian Classifier of Economic Activities) |  | | OKPO (All-Russian Classifier of Enterprises and Organizations) |  |
|  | IAF Codes |  | | | |
|  |  |  | |  |  |
| **Head** |  |  | |  |  |
| Full name |  | | | | |
| Position |  | | | | |
|  |  |  | |  |  |
| **Employee assigned to contact CTKAO-Expert** | | | | | |
| Full name |  | | | | |
| Position |  | | | | |
| Telephone |  | | | | |
| e-mail |  | | | | |
|  |  |  | |  |  |
| **Declared standard for the management system assessment** | | | | | |
|  | ISO 9001:2015 | | |  |  |
|  | GOST R ISO 9001-2015 | | |  |  |
|  | ISO 14001:2015 | | |  |  |
|  | ISO 45001:2018 | | |  |  |
|  |  |  | |  |  |
| **Additional requirements** | |  | |  |  |
| Registration of certificates for each branch (temporary production site) | | |  | | |
| Registration of a certificate in a language other than Russian and/or English  if "Yes", then indicate in which | | |  | | |
|  |  |  | |  |  |
| **Organization structure and number of employees** | | | |  |  |
| Number of employees included in the certification | | | | |  |
| Number of work shifts | |  | |  |  |
| Standard business hours | |  | |  |  |
| Number of branches | | | |  |  |
| Number of temporary production sites | | | |  |  |
|  |  |  | |  |  |
| **Information on branches and/or temporary production sites of the organization** | | | | | |
| Address of branch and temporary production site | | | | |  |
| Main activities  (with a description of technological processes) | |  | | | |
| Standard business hours | |  | | | |
| Number of employees included in the certification | |  | | | |
| *Note. If there are several branches and/or temporary production sites, please provide this information on a separate sheet enclosed.*  *Attach the organizational structure of your Organization to this application* | | | | | |
| **Data on the management system** | | | | | |
| Management system certification scope | |  | | | |
| Exceptions to the management system certification | |  | | | |
| OKVED (All-Russian Classifier of Economic Activities) codes included in the certification scope | |  | | | |
| IAF Codes included in the certification | |  | | | |
| Outsourced processes | |  | | | |
| Were consultants involved in the development and implementation of the management system?  if "Yes", then indicate which | |  | | | |
| Is the declared management system certified?  if "Yes", then indicate by which certification body | |  | | | |
| Proposed audit period | |  | | | |
|  |  |  | |  |  |
| 1. The applicant warrants that the information provided in this application is correct. 2. The applicant confirms that it is familiar with the terms of certification of CTKAO-Expert and undertakes to comply with them.   (The certification terms are located on the CTKAO-Expert website at  http://atomctk.ru/wp-content/uploads/file/5CTKAO/Cert/SMK/Uslovia\_rabot\_po\_sertifikacii.pdf).   1. In case of acceptance of this declaration application, the applicant will pay for services: on its own/through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   *(indicate the person which the payment will be made through)*   1. The applicant is notified and does not object that the certificate of conformity will be issued after full payment for the management system certification services. 2. This application is valid for 3 months from the date of its submission. | | | | | |
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|  |  |  | |  |  |
| Head of the organization | |  | |  |  |
|  |  | *(Signature)* | |  | *(Full name)* |
|  |  |  | |  |  |
|  |  | L.S. | |  |  |
|  |  |  | | Date |  |