

<b>Application Form</b>			
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## Application Form <sup>1</sup>

### 1. Information on the Client

<i>Company :</i> _____			
<i>Main Address of Company:</i> _____	<i>Shift's number<sup>2</sup>:</i> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<i>Administrator:</i> _____	<i>Contact:</i> _____
<i>Branches' number:</i> _____			
<i>Address of Branches<sup>3</sup>:</i>	1. _____	<i>Shift's number:</i> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<i>Company Tel. / Fax:</i> _____
	2. _____	<i>Shift's number:</i> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<i>Responsible Person for MS:</i> _____
<i>Certification scope<sup>4</sup>:</i> _____			

1.1 Description of the company and its activities (history of establishment, shareholders/owners, manager, market share, etc.), fill in Annex 1.1.

### 2. Required Service <sup>5</sup>

Certification according to:

<input type="checkbox"/> ISO 9001	<input type="checkbox"/> ISO 22000	<input type="checkbox"/> HACCP	<input type="checkbox"/> _____
<input type="checkbox"/> ISO 14001	<input type="checkbox"/> OHSAS 18001	<input type="checkbox"/> Other: _____	<input type="checkbox"/> _____

2.1 Services or products, part of the Management System:

<i>Certification scope according to Sectors (EA and NACE codes):</i>	<i>Number of employees part of the system under certification:</i> <input type="checkbox"/> full time: _____	<i>Products or services for each certification scope:</i>
	<i>From which:</i> <input type="checkbox"/> Administrative: _____ <input type="checkbox"/> Production/Service Realization: _____ <input type="checkbox"/> Distributers: _____ <input type="checkbox"/> Others: _____	
	<i>Number of employees part of the system under certification:</i> <input type="checkbox"/> full time: _____	<i>Products or services for each certification scope:</i>
	<i>From which:</i> <input type="checkbox"/> Administrative: _____ <input type="checkbox"/> Production/Service Realization: _____ <input type="checkbox"/> Distributers: _____ <input type="checkbox"/> Others: _____	

<sup>1</sup> This application form should be accompanied with official documents of the activity (example: copy of NIPT, extract QKR, etc.). Information provided in these form will be treated strictly confidentially, according to EQSC procedures. Please check the accuracy of the data provided, before handing to EQSC.

<sup>2</sup> Please specify the number of shifts, for each branch of your company. More than two selections are possible.

<sup>3</sup> Please fill each row for every branch of the company. If you have more than two branches, please attach to this form a description including the respective addresses, shifts and the scope of the certification required.

<sup>4</sup> Please specify correctly the scope of the certification demanded by you. This scope will be included in the certificate issued.

<sup>5</sup> Please fill in all fields in detail, for the service required by EQSC.

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- 2.2 If you have sub-contractors, please list them in a list attached to this application form: name, address, subcontracted services, fill in Annex 1.1. below.
- 2.3 If you have certification or recognition please list them in an attached list to this application form, fill in Annex 1.1. below.
- 2.4 A short description of your Management System (MS) (which must include: the number of HACCP Plans and Production Lines - only for ISO 22000 certification; list of identified QMS's Processes & Objectives of QMS & QMS's Defined and Monitored Indicators - only for ISO 9001 certification. Dates planned or on which Internal Audits and Management Review are conducted; any other information that may be necessary). Annex 1 below.
- 2.5 If you had a consultant for the building up and implementation of the MS of your company or you are still using his services, please provide the name of the company: \_\_\_\_\_.
- 2.6 We need from EQSC:
- Financial offer
  - Meeting
  - Pre-evaluation of the MS
  - Other: \_\_\_\_\_

### 3. Declaration

By signing and submitting this application form, the applicant declares that accepts:

- All rules and requirements of EQSC's Certification System and the relevant amendments, and that will apply them in their entirety.
- That all certification audits (initial, surveillance, re-certification, etc.), conducted by the audit team appointed by EQSC, will be performed in my company under the rules and procedures established by EQSC.
- That in the moment that certification is granted, he/she must comply with all requirements and regulations of EQSC for the organization of audit, use of references to certification, and other EQSC's requirements, for the purpose of certification already earned.
- To cover all necessary EQSC invoiced expenses from the certification process within the period of time being agreed, no matter what the auditing outcome and final certification decision is.
- Of being informed – the manager and the staff in charge – on the standards for what the certification is required and that our company meets these standards.
- The information provided on this form is complete, accurate and that possible changes that may occur will be notified immediately at EQSC.

This Application form with relevant annexes should be sent:

- By mail: at EQSC address "Rr: Sulejman Pasha, Pallati 70/1, Kati 1, Nr.1, 1016 Tirana, Albania"
- By e-mail: [info@eqsc-cert.com](mailto:info@eqsc-cert.com)
- By fax: +35542227674

Review of the application – only for use by EQSC:

Reviewed on: / /20 ; By: \_\_\_\_\_

Evaluation:  Correct  Not correct, client shall present extra documentation

Not accepted

Reviewed on: / /20 ; By: \_\_\_\_\_

Evaluation:  Correct  Not correct, client shall present extra documentation

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## Annex 1.1<sup>6</sup> Company's description

This annex should be completed and submitted along with the application form. The completion of this form aims to provide preliminary information on the applicant and his ability to control the quality and continues conformity of his products/services related to the requirements of the relevant standards.

This document will be used by the EQSC's evaluation staff during the preliminary visits at the company, as part of the initial assessment. The company may include additional annexes, where necessary, to expand the provided information. The information provided should be related to the full status of the company and its actual management system, at the date of completion of this form.

The information provided into the application form and relevant annexes will be used by EQSC in order to evaluate the application, and make possible the client's needs assessment and identification and meeting the Certification System Requirements of EQSC.

Please, provide the information as required above, related to:

i.	<i>Company</i>	
-	Describe the history of your company, its main activity, main departments, services or products it is offering to its clients: <b>Attached in:</b> _____	
-	Attach to this application form: legal documents that proves the legal status of the company (NIPT, QKR), organizational structure: <b>Attached in:</b> _____	
-	If it is relevant, submit the relevant information on previous certifications (including copies of the certificates of the MS, latest audit report issued from previous certification body): <b>Attached in:</b> _____	
-	Attach to this application form: list of sub-contractors (at least information on name, address, and description of subcontracted services/processes): <b>Attached in:</b> _____	
-	If you have employees working in shifts, please provide information on processes performed during the shift: <b>Attached in:</b> _____	
-	Attach to this application form: a list of the main materials and equipment used during your activities (like computer systems, databases, cooling/heating system, machineries, production lines, and any other equipment.). <b>Attached in:</b> _____	
ii.	<i>Management System and the Staff/Personnel</i>	
-	MS is effective and implemented since: _____	
-	Who are the responsible people for the MS? _____	
-	Only for the ISO 22000 certification, attach: Number of HACCP Plans and Production lines: <b>Attached in:</b> _____	
-	It is audited the performance of the MS (management review) and how often it is done? _____	
-	Are conducted the internal audits and how often? _____	
-	Who is responsible person for the evaluation and monitoring of the competence of personnel? _____	
iii.	<i>Documentation and Records</i>	
-	Attach to this application form: the Manual of the Management System as well as Policies and Procedures: <b>Attached in:</b> _____	
-	Attach to this application form: all Technical Criteria or Regulations you are using. <b>Attached in:</b> _____	
iv.	<i>Conformity references</i>	
-	If it is applicable, please describe the reference you intend to use in relation to the certification granted by EQSC, for the standard for which you applied (image or text intended to be used on brochures, fairs, etc.). Attach a model for approval by EQSC. <b>Attached in:</b> _____	
v.	Pease provide any other information you believe it is important to be known by EQSC, related to your application for certification <b>Attached in:</b> _____	

<sup>6</sup> Please fill in accordingly the grey areas. If you need to provide further information that allows the format of this application form, please fill in the code of the document in which you will provide the extra information. In case of further clarifications please contact EQSC. In cases when you believed the question is not within the scope of your activity or the certification sought, please use the "Not relevant" or its acronym N/R text.

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**Annexes**<sup>7</sup>

Please list all annexes part of this application form:

<i>Nr.</i>	<i>Title</i>	<i>Responsible</i>
<input checked="" type="checkbox"/> FP.310_1	Fee system	EQSC
<input checked="" type="checkbox"/> FP.310_9	Terms and conditions for the services	EQSC
<input type="checkbox"/> 1.1	Description of the company	Client
<input type="checkbox"/> 1.1	List of subcontractors	Client
<input type="checkbox"/>		Client
<input type="checkbox"/>		Client

<sup>7</sup> Check the respective box for the Annex attached to this Application form. Please be reminded to include all Annexes attached, to this table.