| **REQUEST FOR QUALITY MANAGEMENT SYSTEM(S) CERTIFICATION** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Applicator’s name and address (state also legal subjectivity and how you are registered in the Business Register):  ...................................................................................................................  ...................................................................................................................  ..............................................................................Post Code....................... | | | | | | |
|  | Telephon: | .................................. | Mobile phone: | | .................................. | | |
|  | Fax: | .................................. | E-mail: | | .................................. | | |
|  | VAT No: | .................................. |  | |  | | |
|  | Bank details, account number: | | .............................................................  ............................................................. | | | | |
|  | Statutory representative / position: | | .............................................................. | | | | |
|  | Person(s) entitled to sign a contract / position: | | .............................................................. | | | | |
|  | Contact person / position: | | .............................................................. | | | | |
|  | Telephon: | .................................. | Mobile phone: | | ......................................... | | |
|  | Fax: | .................................. | E-mail: | | ......................................... | | |
| 1. Sy | Required certification(s) – complete particular questionnaire(s): | | | | | | Appendix to request: |
|  | Quality management system – CSN EN ISO 9001: | | | | |  | Questionnaire – QMS |
|  | Quality management system – CSN EN ISO 13485: | | | | |  | Questionnaire - QMS/13485 |
| 1. 4. | 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 organisation undertakes to meet the demands for certification, it agrees with the certification rules, procedures, and process of the certification body. In addition, after the conclusion of a contract, the organisation 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 | | | |

|  |  |
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| **request REVIEW**  **(To be completed by the certification body, please leave this blank):** | |
| ***Verification of consulting (internal audits performing):***   * *Adviser activity (company/consultant):* ……...............................................…………......................……. * *Internal audit is performed by:* ………...................................................................………............…......... * *Impartiality can be assured:*  *YES*  *NO* * *Note:* …………………..……...................................................................………............…..........…….   ………...................................................................………........................................................…..........…….  ………...................................................................………........................................................…..........…….  ………...................................................................………........................................................…..........……. | |
| ***Audit report review will be performed by*** *(following quality manual)****:***  *product manager*  *comission* | |
| ***Presumptions for certification*** (***impartiality, subject of certification, scope of certification, outsourcing and others):***  *are fulfilled*  *are not fulfilled* | |
| ***Presumed auditor team /Number of auditors:*** | |
| ***NACE:*** |  |
| ***Main technical area:*** |  |
| ***Technical area:*** | ..........................................  **Reviewed by product manager:** |