

**autorizovaná osoba č. 201**

**notifikovaná osoba č. 1014**

**akreditovaná zkušební a kalibrační laboratoř**

**akreditovaný orgán pro certifikaci výrobků a systémů řízení**

| **REQUEST FOR QUALITY MANAGEMENT SYSTEM(S) CERTIFICATION** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | Applicator’s name and address (the state also legal subjectivity and how you are registered in the Business Register):  ..................................................................................................................  ..................................................................................................................  ................................................................................. Post Code: ...................... | | | | | |
| Telephone: | ................................. | Mobile phone: | .................................. | | |
| Fax No.: | ................................. | E-mail: | .................................. | | |
| VAT No: | ................................. |  | .................................. | | |
| Bank details, account number: | | ..............................................................  .............................................................. | | | |
| Statutory representative/position: | | .............................................................. | | | |
| Person(s) entitled to sign a contract/position: | | .............................................................. | | | |
|  | Contact person/position: | | .............................................................. | | | |
| Telephone: | ................................. | Mobile phone: | .................................. | | |
| Fax: | ................................. | E-mail: | .................................. | | |
| 1. Sy | Required certification(s) – complete particular questionnaire(s): | | | | | Appendix to request: |
| ČSN EN ISO 9001:2016 | | | |  | Questionnaire – QMS |
| ČSN EN ISO 13485:2016 | | | |  | Questionnaire – QMS/13485 |
| ČSN EN ISO 14001:2016 | | | |  | Questionnaire – EMS |
| Regulation of the European Parliament and of the Council (EC) No. 1221/2009 of 25 November 2009 – EMAS as amended by Commission Regulation (EU) 1505/2017 and 2026/2018 | | | |  | Questionnaire – EMAS |
| ČSN ISO 45001:2018 | | | |  | Questionnaire – SM BOZP 45001 |
| ČSN EN ISO/IEC 27001:2014 | | | |  | Questionnaire - ISMS |
| ČSN ISO/IEC 20000-1:2019 | | | |  | Questionnaire - ITSM |
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|  | 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 organization undertakes to meet the demands for certification, and it agrees with the certification rules, procedures, and processes of the certification body. In addition, after the conclusion of a contract, the organization 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 |

|  |  |
| --- | --- |
| **REVIEW OF APPLICATION**  **(Performed by the certification body, Please do not fill out):** | |
| ***Ověření poradenství resp. provádění interních auditů:***   * *činnost poradce (firma/konzultant):* ………...............................................…………......................……. * *interní audity provádí:* ………...................................................................………............…..........……. * *nestrannost lze zajistit:*  *ANO*  *NE* * *eventuální poznámka:*   ………...................................................................………........................................................….......  ………...................................................................………........................................................….......  ………...................................................................………........................................................…....... | |
| ***Přezkoumání zpráv z auditu bude provádět*** *(řídí se dle PJ)****:***  *MP SŘ*  *komise* | |
| ***Předpoklady k certifikaci:***  *jsou splněny*  *nejsou splněny* | |
| ***Předpokládaný tým auditorů / Základní počet auditodnů:*** | |
| ***NACE…………………………………………***  ***TO*** | ..........................................  **Přezkoumal**  **Ing.Radek Teufl**  **vedoucí certifikačního orgánu** |