| **REQUEST FOR QUALITY MANAGEMENT SYSTEM(S) CERTIFICATION** |
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|  | 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 9001:2016 | [ ]  | Questionnaire – QMS |
|  | Quality management system – CSN EN ISO 13485:2016  | [ ]  | 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:* …………………..……...................................................................………............…..........…….

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| ***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:**  |