



## APPLICATION FOR MANAGEMENT SYSTEM CERTIFICATION

Application No. (To be fill by TIC)

- ISO 9001:2008
- ISO 13485:2003
- ISO 14001:2004

### APPLICANT

Company name	
VAT Registration number	
Address	
ZIP Code	-
Company representative (entitled to sign contract)	
Contact person authorized to negotiate with the Certification Body	
E-mail of the contact person	@
Bank name and address	
Account number	
SWIFT Code	

### SUBJECT OF THE CERTIFICATION:

Managing director's name and title:	
Total number of employees:	
Number of employees in all organisational departments (units) being subject of the certification scope:	
Addresses of all detached plants in the certification scope (if any):	
1.	
2.	
Description of the management system(s) scope (the subject of certification):	



**MAIN ACTIVITY BRANCHES APPLIED IN THE CERTIFICATION SCOPE:**

Description of the production/service branch:	NACE rev. 2

**PRODUCED PRODUCTS:**

(Groups of products and their brief description)

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**FOLLOWING DOCUMENTS ARE ENCLOSED (ATTACHED) TO APPLICATION IN ONE COPY:**

Nr.		Yes	No
1.	Actual Copy of Trade Register Abstract	<input type="checkbox"/>	<input type="checkbox"/>
2.	Management system manual (Quality Manual) and related documents (organization procedures, eventually organization instructions)	<input type="checkbox"/>	<input type="checkbox"/>
3.	Policy and objectives	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are there used outsourced processes in a management system?	<input type="checkbox"/>	<input type="checkbox"/>
5.	For ISO 14001 – Register of environmental aspects	<input type="checkbox"/>	<input type="checkbox"/>
6.	For ISO 13485 – List of medical devices with A. Name of medical device (further only MD) B. Type / model of MD C. Class of each model of MD D. Reason for including into the MD class E. Purpose of MD use	<input type="checkbox"/>	<input type="checkbox"/>

**ADDITIONAL QUESTIONS**

Nr		Yes	No
1.	Have you used services of consultant or consultancy organization at management system implementation (9001, 13485, 14001)?	<input type="checkbox"/>	<input type="checkbox"/>
	If <b>yes</b> , please, mention his/her/its name :		
2.	From when is management system implemented at company, eventually how long the “testing” operation of implemented management system is proceeding?		
3.	Has your company implemented and certificated another management system	<input type="checkbox"/>	<input type="checkbox"/>
4.	Mention the another implemented and certified management system:		



**APPLICANT’S DECLARATION:**

- We are acquainted and we agree with verification (assessment) with view of certification in range of criteria determined and defined by standard(s), the choice is mentioned on 1<sup>st</sup> page of application,
- We agree with acceptance of audit team,
- We agree with payment for audit in disregard of audit result according to arranged conditions in Inspection Contract,
- During the certificate validity, we agree with keeping of the requirements, obligations and binding criteria specified by all standards, the choice is mentioned on 1st page of application,
- We agree with surveillance of the certification criteria continuous fulfilment in the scope and for the price agreed before issuing of the certificate,
- We are acquainted with consequences arising from non-fulfilment of commitments related to maintenance of the applicant’s (client’s) certified management,
- **We agree with the “Obligatory Business Conditions” of TIC and we will abide by them.**

**We declare that all data** mentioned in the application and in enclosures **are truthful.**

In ..... date .....

Stamp and signature of applicant’s  
statutory representative

<b>REVIEW OF APPLICATION FOR MANAGEMENT SYSTEM</b> (TIC fills in)
Branch of activity (NACE rev.2) (TIC fills in):
Determination of audit duration (TIC fills in):
MSCB-3002 <b>is – is not</b> competent to perform the certification.
Date of review:
Reviewed by (signature):