MS Manual - Click Here

AFA-F Application for Audit

Revision Level: Release **Date:** 02/21/2025

General Information	
Company Name:	
Company Main Address:	
Website URL:	
Company Main Phone Number:	
Company Main Email Address:	

Primary Contact Information	
Name:	
Title:	
Direct Phone Number:	
Alternate Phone Number: (i.e. cell)	
Direct Email Address:	

ISO 9001 Certification Type (Select One)	
This is an initial certification to ISO 9001 (No certification to ISO 9001 or another ISO standard)	☐
This is an addition of ISO 9001 to an existing certification to another standard	☐
This is a transfer of an ISO 9001 certification from another certification body	☐
This is a recertification for a lapsed, withdrawn, or suspended certification	☐
Single Site or Multi Site Certification (Select One)	
Single Site: *(An organization that operates at one site or may operate under one large building or several buildings at that location or may have one or multiple products or product families flowing through one or multiple processes.)*	☐

Multiple Sites: *(An organization having an identified central function and a network of sites at which activities are fully or partially carried out. All sites must be doing substantially the same manufacturing and/or value-added process.)*	☐

Additional Locations to be Audited (Multi Site)	
Site Name:	
Site Address:	
• *Number of employees at this site:*	
Site Name:	
Site Address:	
• *Number of employees at this site:*	
Site Name:	
Site Address:	
• *Number of employees at this site:*	

Organization Details	
NAICS Business Code:	
Business Activity:	
Legal Status *(Specify the legal status of the organization—e.g., public, private, non-profit)*:	

Employees	
Total Number of Employees *(all sites)*:	
Number of Employees Relevant to the Scope of the ISO 9001 Audit *(all sites)*:	

Scope of ISO 9001 Certification	
Describe the processes, products, and services to be included in the scope of the audit:	
Specify any exclusions (if applicable), referencing ISO 9001:2015, Clause 7.1.3 on exclusions:	
Scope Description: (i.e. The design, manufacturing, and distribution of [products/services] at the [primary location and any relevant sites].	

Management System Information		
Are the Quality Manual, processes and procedures complete and implemented (in use)?	◯ **Yes**	◯ **No**
Implementation Date of Quality Management System (QMS):		
Date of last Internal Audit: *(if None, date when Internal Audit is expected to be accomplished)*		
Date of Management Review: *(if None, date when Management Review is expected to be accomplished)*		

Audit Logistics	
Preferred Audit Dates: [Insert Proposed Dates for Audit]	
Working Hours: [Insert Normal Working Hours and shift times]	
Any Special Considerations for Audit Planning: *Insert any special requirements or logistics (e.g., security clearance, language needs, or travel restrictions, etc.)*	
Interested Parties: *Indicate any interested parties whose requirements are taken into account in your QMS (e.g., suppliers, customers, regulatory bodies).*	
Legal and Regulatory Obligations: *Provide information on any regulatory requirements related to your products, services, or processes.*	

Declaration:

We hereby confirm that the information provided in this application is accurate and complete. We agree to comply with the ISO/IEC 17021-1 requirements during the audit process, including granting full access to relevant records and processes and maintaining transparency with the auditing body.

Authorized Representative

Name:	
Title:	
Signature:	
Date:	