



UNICERT Certification

## CERTIFICATION REQUEST FORM

Document No: UFR.02

<input type="checkbox"/> Initial <input type="checkbox"/> Transfer <input type="checkbox"/> Pre-Audit <input type="checkbox"/> Re-certification <input type="checkbox"/> Change (Scope, Address, Title etc.)				
Organization:				
Phone:			Fax:	
E-mail:			Web site:	
<input type="checkbox"/> Quality Management Representative: .....	<input type="checkbox"/>	Environmental Management Representative: .....		
<input type="checkbox"/> Food Safety Team Leader: .....	<input type="checkbox"/>	Occupational Safety Team Leader: .....		
Number of Site(s): (Permanent, Temporary, Virtual sites )				
Address: (Center - Permanent Location)			Employee Number	Process / Activity
Address (es): (Branches - Permanent Location)			Employee Number	Process / Activity
Address (es): (*Temporary site: Worksite of activity for a finite of time)			Employee Number	Process / Activity
Address (es): (*Virtual site: On-line environment as per scope)			Employee Number	Process / Activity
Total Employee Number			Off Location Personnel Number/ Detail:	
Total Effective Number of Personnel (Including All Sites and Shifts):	Shift-1		Shift-2	Shift-3
	Permanent:		Permanent:	
	Temporary Sub-Contr.		Temporary Sub-Contr.	
	Part-Time Sub-Contr.		Part-Time Sub-Contr.	
Total		Total	Total	
Outsourced Processes: (that will affect conformity to the requirements):				

Note : Please detail the off location personnel number and working details, if your organization have.

<b>Requested Management System</b>				
<input type="checkbox"/>	ISO 9001	<input type="checkbox"/>	ISO 14001	
<input type="checkbox"/>	ISO 45001	<input type="checkbox"/>	Others : .....	

<b>The Scope of The Management System Requested to be Certified:</b>				
<b>Denote the <u>not applicable</u> clauses of ISO 9001, ISO 14001 and ISO 45001 standards, if exist:</b>				
<b>Please provide information about any legal regulations that you are obliged to abide by (for all standards) :</b>				
<b>Additional information for related management systems (ISO 9001/ISO 14001/ISO 45001):</b>				



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- For ISO 9001 / Please provide detailed information about your processes, operations and effects.
- For ISO 14001 / Please provide information about your important environmental aspects.
- For ISO 45001 / Please provide information about important sources of danger and OHS risks.  
(For example; hazardous materials (asbestos etc.), equipment / machinery (forklift, electrical panel, scaffolding etc.), environmental factors (environmental temperature, underground work etc.))
- For ISO 45001 / Please provide information about the incidents if you faced with within last 3 years.

If you obtained any consultancy services, please provide information about its content and provider.

For Recertification Audits Only:

Please tick as per status of changes since last audit	<input type="checkbox"/> No Change	<input type="checkbox"/> Regulations	<input type="checkbox"/> Organizational Structure	<input type="checkbox"/> Processes
	<input type="checkbox"/> Significant Changes on Management System		<input type="checkbox"/> Other	

For integrated management systems, please provide information about total integration percentage via the information below

Integrated Management System Review, business strategy and plans (20%)

Integrated internal auditing (20%)

Integrated documentation structure including work instructions (20%)

Integrated system processes (10%)

Integrated policies and objectives for each standard (10%)

Integrated improvement mechanism (Corrective and preventive actions, continual improvement) (10%)

Integrated management support and responsibilities (10%)

Total Integration Percentage (%)

The signature of the authority:

Date:

\*Please attach the organization chart with this form, if exists.