**APPLICATION FOR MANAGEMENT SYSTEM CERTIFICATION**

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| **2025-** |
| *(data)* |

Please complete this application form. Based on the information provided, we will prepare a certification offer for you. The completed form should be sent by e-mail to [info@sertifikuoti.lt](mailto:info@sertifikuoti.lt).

If you have any questions while filling out the application, please contact us by e-mail at [info@sertifikuoti.lt](mailto:info@sertifikuoti.lt) or by phone at +370 644 84478

Once we receive the completed application, we eill contact you within five working days.

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| **GENERAL COMPANY INFORMATION** | |
| **Company name:** |  |
| **Company code:** |  |
| **Registered address:** |  |
| **Addresses of the client’s operational sites covered by the scope of certification:** |  |
| **Address(es) of the place(s) of administrative activity:** |  |
| **Address(es) of production site(s):** |  |
| **Address(es) of storage and/or economic destination:** |  |
|  | |
| **Administration working hours:** |  |
| **Activity code (NACE):** |  |
| **Phone No. :** |  |
| **E-mail:** |  |
| **Website address:** |  |
| **Position, name, surname, phone No., e-mail of the person completing the application:** |  |

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| **DETAILS OF THE CLIENT‘S REPRESENTATIVE RESPONSIBLE FOR THE MANAGEMENT SYSTEM** | |
| **Name and surname:** |  |
| **Position:** |  |
| **Phone No.:** |  |
| **E-mail:** |  |

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| **MANAGEMENT REPRESENTATIVE DETAILS**  NOTE: To be completed only if the management representative is a different person than leader | |
| **Name and surname:** |  |
| **Position:** |  |
| **Phone No.:** |  |
| **E-mail:** |  |

| **INFORMATION ABOUT THE MANAGEMENT SYSTEM(S) TO BE CERTIFIED** | | |
| --- | --- | --- |
| **Management systems to be certified:** | NOTE: Mark the management system(s) to be certified with an „X“ | |
|  | LST EN ISO 9001:2015 (ISO 9001:2015)  Applicable exclusions (please specify):   |  | | --- | |  | |
|  | LST EN ISO 14001:2015 (ISO 14001:2015) |
|  | LST EN ISO 45001:2023 (ISO 45001:2018) |
|  | LST EN ISO 22000:2018 (ISO 22000:2018) |
|  | LST EN ISO/IEC 27001:2023 (ISO/IEC 27001:2022) |
|  | Other (please specify):   |  | | --- | |  | |
| **Information about management system integration:**  NOTE: To be completed only if the company seeks certification according to more than one standard.  **An Integrated Management System (IMS)** is a single management system that addresses multiple aspects of an organization's operations in order to meet the requirements of more than one management system standard at a certain level of integration.. | NOTE: Mark the appropriate statements with an „X“ | |
|  | Integrated management system documents |
|  | Management review addressing comprehensive business strategies and plans |
|  | Integrated internal audit management |
|  | Integrated policy and objectives |
|  | Integrated management system processes |
|  | Integrated management system improvement measures: management of nonconformities, corrective and preventive actions, and management of effectiveness and continual improvement measures |
|  | Integrated management system support and allocation of responsibilities |
| **Certificate language:** | NOTE:   1. Mark the desired certificate language with an„X“. 2. The cost of certification services is not affected by the issuance of certificates in different languages. 3. If a certificate in a foreign language is requested, we will ask you to provide a translated version of the scope of certification. | |
|  | Lithuanian |
|  | English |
| **Desired certification scope:** |  | |
|  | | |
| **Required certifications, licenses, permits, accreditations, etc.:**  NOTE: Please list the certificates, licenses, permits, accreditations, etc. |  | |
|  | | |
| **Number of employees in the certified activity:**  NOTE: The total number of employees indicated in this section must correspond to the number of employees specified in the section “Addresses of the client’s operational sites covered by the scope of certification.” |  | Total current number of employees |
|  | |
|  | Administrative and managerial staff, e.g., department managers, construction site managers, etc. |
|  | *Of which:* |
|  | Administrative and managerial staff working part-time |
| Average working hours per month of part-time employees, hours:   |  | | --- | |  | |
|  | |
|  | Production/technical staff whose activities do not overlap with those of other production/technical staff |
|  | *Of which:* |
|  | Production/technical employees whose activities do not overlap with the activities of other production/technical employees working part-time  Average working hours per month of part-time employees, hours:   |  | | --- | |  | |
|  | |
|  | Production/technical staff performing the same functions |
|  | *Of which:* |
|  | Production/technical staff performing the same functions and working part-time  Average working hours per month of part-time employees, hours:   |  | | --- | |  | |
|  | Temporary/seasonal unskilled workers |
| **Addresses of the client’s operational sites covered by the scope of certification:**  NOTE: Please provide the addresses of the branch offices and the current number of employees at each site, specifying the number of administrative staff, production/technical staff, employees performing the same functions, part-time employees, and temporary/seasonal workers at each site, following the methodology provided in the section “Number of employees involved in the certified activity.”  Please specify the activities performed at each site if different activities are carried out at different locations. |  | |
|  | | |
| **Number of shifts in the certified activity:** |  | |
| **Shift working hours:** |  | |
| **Number of employees per shift:** |  | |
|  | | |
| **Activities performed by subcontractors:**  NOTE: Please list the activities subcontracted to external providers (e.g., design) |  | |
|  | | |
| **Has the management system(s) been previously certified?**  **If yes, please specify which management systems were certified and the date(s) of the most recent certificate(s) issued.** |  | |
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| **Date of last internal audit:** |  | |
| **Date of last management review:** |  | |
|  | | |
| **Preferred certification audit date:** |  | |

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| **OTHER INFORMATION** | | | |
| **Did you use the services of consultants during the implementation of the management system(s)? If yes, please indicate the name of the consulting company:** |  | | |
| **Preferred audit language (e.g., Lithuanian, English, etc.):** |  | | |
| **Information about specific working conditions and other factors affecting the certification process (e.g., required personal protective equipment, etc.):** |  | | |
| **Number of accidents or incidents that occurred during the past year:** |  |  | incident/incidents |
|  |  | minor accident/accidents |
|  |  | serious accident/accidents |
|  |  | fatal accident/accidents |
| **Number of inspections conducted by regulatory authorities during the past year (if applicable, please indicate the names of the authorities):** |  | | |
| **Your comments and requests:** |  | | |

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| **OTHER INFORMATION FOR CERTIFICATION ACCORDING TO**  **LST EN ISO 45001:2023 (ISO 45001:2018)** | |
| **Main hazards and risks to employee health and safety associated with activities within the scope of the management system(s):** |  |
| **Main hazardous substances used in activities within the scope of the management system(s):** |  |
| **Main legal acts regulating occupational health and safety within the scope of the management system(s):** |  |

***We appreciate your willingness to improve!***