# Application for certification of management systems

**Applicant's data** *(Fields marked with an asterisk are mandatory!)*

|  |  |
| --- | --- |
| \*Company name: |       |
| \*Company registration code: |       |
| \*Legal address, index, country: |       |
| Location address, index, country:(*Fill in if different from legal address*) |       |
| \*Contact person: |       |
| \*Position: |       |
| \*Email: |       |
| \*Telephone: |       |
| Website address: |       |

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**Service:**ISO 9001 Quality Management System Certification

ISO 14001 Environmental Management System Certification

ISO 45001 Occupational Health and Safety Management System Certification

Initial extension surveillance recertification

**3. Other information**

|  |  |
| --- | --- |
| Activities/products/services of the company: |       |
| Address of the actual location(s) for which certification is required: |       |
| Membership in a corporation: |       |
| Existence of subcontractors: |       |
| Total number of employees including administration and employees outside the workplace: |       |
| Number of shifts in the workplace |       |
| Occupational hazards (ISO 45001) (can be sent as a separate document): |       |
| Significant environmental aspects (ISO 14001) (can be sent as a separate document): |       |
| The presence of a risk analysis: |       |
| Desired audit time: |       |
| Consulting organisation: |       |
| Standard and other requirements: |       |
| Language of certificate(s):  |       |
| Other information: |       |

I hereby confirm that:

* I have read and agree with the management system certification procedures of Inspecta Estonia OÜ ([*www.kiwa.com/ee*](file:///C%3A/Users/kristiine.kikas/Downloads/www.kiwa.com/ee));
* I submit any information necessary for the evaluation of Inspecta Estonia OÜ, the information provided by me is correct and true;
* I agree with the general terms and conditions of sale and contract of Inspecta Estonia OÜ <https://www.kiwa.com/ee/et/ettevottest/uldtingimused/> , I understand their content and undertake to comply with them.

*date name and positsion of the authorised person*