**Recertification Application Form**

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| **Organization** | Organization Name: |  |
| City/Country: |  |
| Address: |  |
| Website: |  |
| Contact Name: |  |
| Email: |  |
| Phone: |  |
| Total #of employees: |  |
| Total #of employees within scope of certification\*:  *\*For employees not included in scope, please provide justification* |  |

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| **Demand** | Standard(s) to be assessed: | ISO 9001:2015 | ISO 14001:2015 | ISO/IEC 20000-1:2018 |
| ISO 22301:2019 | ISO/IEC 27001:2013  ISO/IEC 27001:2022 | ISO/IEC 27701:2019\* |
| ISO 13485:2016 | ISO 22000:2018 | ISO 37001:2016 |
| ISO 45001:2018 | ISO 20121:2012 | ISO 50001:2011 |
| Other: | | |
| \*Standard Specific | If you seek certification against ISO/IEC 27701:2019, please specify if your organization is a:  ☐ PII Controller  ☐ PII Processor  ☐ Both (PII Controller and PII Processor) | | |

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| **Scope** | **Certification Scope**  The certification scope shall describe the extent and boundaries of the organization, such as sites, organizational units, departments, activities, and processes to be audited. Please list accordingly all sites that are foreseen to be included in the scope of certification | **Certification Scope** (please indicate which processes or areas of your organization you plan to get certified):  **Important Note\*** Please be precise since this will serve as the fundamental information for audit planning. This description shall serve as the main information for composition of scope statement of certificate in case of the positive certification decision. | | | |
| Exclusions (if applicable): | | | |
| **Main Site:** |  | | |
| Address: |  | | |
| Main activities: |  | | |
| #of employees within scope: |  | | |
| Multi-site organization? | Do you have more than one site that you want to include under certification scope:  No  Yes  If yes, please answer to the below questions and list additional sites | | | |
| **Additional sites:**  (applicable if you are a multi-site organization and want to include other sites under certification scope) | | | | |
| **Site(s)** | **Address** | **Function/activities** | **# of shifts** | **# of employees** |
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| **Other Information** | Have you had consultancy services related to the management system(s) which you are aiming to recertify?  If yes, please indicate by whom: |  |
| Do you have a business relationship with other Certification Bodies that could be in conflict with ISO 17021-1 clause 5.2.4 which states that: “A certification body shall not certify another certification body for its quality management system” |  |

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| **Declaration** | *By submitting this form, I confirm that the information provided above is true to the best of our knowledge and belief. On behalf of the organization, I give consent to MSECB to treat our request for recertification.* | |
| Name: |  |
| Position: |  |
| Signature: |  |
| Date: |  |

**The following section is for MSECB internal use only. Please do not fill. Thank you.**

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| The organizations IAF/EA Code is: |  | |
| The information about the applicant organization and its management system is sufficient to develop an audit program | Yes | No |
| Any known difference in understanding between MSECB and the applicant organization is resolved | Yes | No |
| MSECB has the competence and ability to perform the certification audit | Yes | No |
| The scope of certification, the site, the time required, and other relevant elements have been taken into consideration | Yes | No |

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| Standard(s) to be assessed: |  |
| **Year/type of audit** | **Duration/man-days** |
| Year 1 **Recertification Audit** |  |
| Year 2  **Surveillance Audit 1** |  |
| Year 3  **Surveillance Audit 2** |  |
| **Special Audit** *(if applicable)* |  |

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| Approver: |  |
| Date: |  |
| Managed through: |  |