

# APPLICATION FOR CERTIFICATION

**BQC**  
Certification Body

96, D. Gounari 96 & Kifissias Av.  
GR15125 Maroussi, Athens  
T +30 211 2213726  
info@bqc.gr  
www.bqc.gr

Name of the Organization:

Scope of Work/ Scope of Certification:

Contact person :

Telephone Number : Fax: e-mail:

VAT Number: Tax Office: Website:

Registered Office Address:

Branches Locations:

Consultant (if any):

Standard for which Certification is requested:

ISO 9001 <input type="checkbox"/>	GDP (MD 1348/04) <input type="checkbox"/>	ISO 13485 <input type="checkbox"/>
ISO 22000 <input type="checkbox"/>	ISO 37001 <sup>(3)</sup> <input type="checkbox"/>	ISO 45001 <sup>(1)</sup> <input type="checkbox"/>
HACCP <input type="checkbox"/>	ISO 29993/ ISO 21001 <input type="checkbox"/>	Other please mention
ISO 14001 <sup>(2)</sup> <input type="checkbox"/>	ISO/IEC 27001 <sup>(4)</sup> <input type="checkbox"/>	
OHSAS 18001 <sup>(1)</sup> <input type="checkbox"/>	ISO 50001 <input type="checkbox"/>	

<sup>(1)</sup>Please also fill in Annex A.  
<sup>(2)</sup>Please also fill in Annex B.

<sup>(3)</sup>Please also fill in Annex C.  
<sup>(4)</sup>Please also fill in Annex D.

**Total Number of Personnel:**

Personnel per shift:

Number of shifts:

Number of part time personnel:

Number of seasonal personnel:

**Language of Communication/  
Documentation:**

**Working Hours/ Shifts:**

**Detailed Description of Personnel Allocation**

Management/ System Management:

Secretariat/ Customer Service:

Design/ Research and Development:

Production/ Service Implementation:

Sales/ Drivers/ "Off line" Employees:

Other activities:

**Number of HACCP studies:**

*only for food safety management systems*

Is there an Operating License? Yes  No

Law/ Regulation related to the product/ provided service:

Is part or all of a process outsourced? Yes  No

If Yes, which processes and to which subcontractors (name and activity of subcontractor):

Do you wish part of the audit to be carried out by using information and communication technology (ICT)\*? Yes  No

*\*provided that it is applicable according to BQC's regulatory documents*

Is the implemented Management System already certified? Yes  No

If Yes, according to which Standards?

Certificate Expiry Date:

Starting Date of Management System Compliance:

Desired date of audit:

Date

Company Stamp/ Signature

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