**Application Form MS (Management System) Certification**

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| General data | | | | | | | | | |
| Company name & legal form | |  | | | | | | | |
| Adress | |  | | | | | | | |
| Telephone | |  | | | | | | | |
| Fax | |  | | | | | | | |
| E-mail | |  | | | | | | | |
| Website | |  | | | | | | | |
| VAT number of the company | |  | | | | | | | |
| Contact & function | |  | | | | | | | |
| Reference Standards/Directive (+ Module)/Legislation (+ §) of the audit: | | | | | | | | | |
| □ ISO 9001:2015 | □ ISO 14001:2015 | | | □ ISO 13485:2016 | | | □ MED (Module D) | | |
| □ PED (Module H1) | □ PED (Module H) | | | □ PED (Module D) | | | □ PED (Module D1) | | |
| □ PED (Module E) | □ PED (Module E1) | | | □ TPED/ADR (§1.8.7.6) | | | □ TPED/ADR (§1.8.8.6) | | |
| □ PED (Module E) | □ ATEX (Module D) | | | □ ATEX (Module E) | | | □ R67 | | |
| □ (EC) 79/2009 | □ R110 | | | □ CPR | | | □ R134 | | |
| □ ISO3834 | □ other | | |  | | |  | | |
| Requested certification program | | | | | | | | | |
| □ Initial certification | □ Transfer | | | □ Extension MS | | □ Other: | | | |
| In case of transfer/extension MS reference of existing certificates : Cert.n°....................................... | | | | | | | | | |
| Activities or processes to be certified | | | | | | | | | |
| Scope of certification | | |  | | | | | | |
| Activity sector : | | | IAF / EA /NACE code : | | | | | | |
| Listing of the company's main activities & processes | | |  | | | | | | |
| Which critical (with potential impact on compliance with requirements) processes/activities are outsourced ? | | |  | | | | | | |
| Is consultation used (if YES : organization & name) | | |  | | | | | | |
| Laws and regulations applicable to the activity being certified | | | □ SPV □ PED □ TPED / ADR □ CPR □ MED □ R67 □ R134  □ R110 □ ATEX □ MDR □ (EC) 79/2009 □ other | | | | | | |
| Standards & other requirements applicable to the activity being certified | | |  | | | | | | |
| Structure of the company | | | | | | | | | |
| Number of persons in FTE(Full Time Equivalent) | | |  | | | | | | |
| Number of Shifts per Day | | |  | | | | | | |
| Other production location under MS | | | YES/NO | | | | | | |
| **(IF YES)** | Name and address of location | | | | | | | Number of persons FTE | |
| Main office |  | | | | | | |  | |
| Site 1 |  | | | | | | |  | |
| Site 2 |  | | | | | | |  | |
| Site 3 |  | | | | | | |  | |
| Site 4 |  | | | | | | |  | |
| Site 5 |  | | | | | | |  | |
| All sites have a contractual relationship with the main office | | | | | □ yes | | | | □ no |

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| **The requestor :**   * undertakes to comply at all times with the relevant requirements of the certification program and to take all necessary measures to carry out the assessment, including the examination of documentation and access to all sectors, records and personnel during the assessment, monitoring, reassessment and resolution of complaints, and, if necessary, to accept the presence of observers (see General Conditions of Certification, document RPAQ 4/7); * declares in good faith that it has not submitted an application to a notified body other than APRAGAZ (0029) for the same quality system in relation to the products (or product line) described in the present document; * Undertakes to fulfill its obligations under the implemented and approved quality management system. The applicant also agrees to keep the quality management system appropriate and efficient; * Undertakes to comply with the essential requirements listed in the specific annex of the relevant directives and regulations (if applicable); * confirms having read and accepted the latest version of APRAGAZ's general conditions (RPAQ4/7), available at www.apragaz.com. | | |
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| Applicant's Name: | Date: | Signature: |

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| **Review of the application - to be completed by APRAGAZ** | | |
| Based on the document completed by the applicant, **Apragaz:** | | |
| accepts the request for certification | | |
| refuses the request for certification | | |
| Reason(s) for refusal : | | |
| Name : | Date : | Signature: |
|  |  |  |

NOTE: Modifications and specifications of information (other than changes/extension of MS scope of certification) described in this application form shall be included in document RPAQ4-6