

<b>INTERNATIONAL TESTING &amp; CERTIFICATION LLC</b>	
<b>CERTIFICATION REQUEST FORM</b>	<b>Document No: UFR.02</b>

<input type="checkbox"/> Initial <input type="checkbox"/> Transfer <input type="checkbox"/> Pre-Audit <input type="checkbox"/> Re-certification <input type="checkbox"/> Change (Scope, Address, Title etc.)							
<b>Organization:</b>							
<b>Phone:</b>		<b>Fax:</b>					
<b>E-mail:</b>		<b>Web site:</b>					
<input type="checkbox"/>	<b>Quality Management Representative:</b> .....			<input type="checkbox"/>	<b>Environmental Management Representative:</b> .....		
<input type="checkbox"/>	<b>Occupational Safety Team Leader:</b> .....			<input type="checkbox"/>	-		
<b>Number of Site(s):</b> (Permanent, Temporary, Virtual sites)							
<b>Address:</b> (Center - Permanent Location)		<b>Employee Number</b>		<b>Process / Activity</b>			
<b>Address (es):</b> (Branches - Permanent Location)		<b>Employee Number</b>		<b>Process / Activity</b>			
<b>Address (es):</b> (*Temporary site: Worksite of activity for a finite of time)		<b>Employee Number</b>		<b>Process / Activity</b>			
<b>Address (es):</b> (*Virtual site: On-line environment as per scope)		<b>Employee Number</b>		<b>Process / Activity</b>			
<b>Total Employee Number</b>		<b>Off Location Personnel Number/ Detail:</b>					
<b>Total Effective Number of Personnel</b> (Including All Sites and Shifts):		<b>Shift-1</b>		<b>Shift-2</b>		<b>Shift-3</b>	
		Permanent:		Permanent:		Permanent:	
		Temporary Sub-Contr.		Temporary Sub-Contr.		Temporary Sub-Contr.	
		Part-Time Sub-Contr.		Part-Time Sub-Contr.		Part-Time Sub-Contr.	
		<b>Total</b>		<b>Total</b>		<b>Total</b>	
<b>Outsourced Processes:</b> (that will affect conformity to the requirements):							

*Note : Please detail the off location personnel number and working details, if your organization have.*

Requested Management System			
<input type="checkbox"/>	ISO 9001	<input type="checkbox"/>	ISO 14001
<input type="checkbox"/>	Other.....	<input type="checkbox"/>	ISO 45001

<b>The Scope of The Management System Requested to be Certified:</b>
<b>Denote the <u>not applicable</u> clauses of ISO 9001, ISO 14001 and ISO 45001 standards, if exist:</b>
<b>Please provide information about any legal regulations that you are obliged to abide by:</b>

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<b>Additional information for related management systems (ISO 9001/ISO 14001/ISO 45001):</b>
<ul style="list-style-type: none"> <li>For ISO 9001 / Please provide detailed information about your processes, operations and effects.</li> </ul>
<ul style="list-style-type: none"> <li>For ISO 14001 / Please provide information about your important environmental aspects.</li> </ul>
<ul style="list-style-type: none"> <li>For ISO 45001 / <i>Please provide information about important sources of danger and OHS risks. (For example; hazardous materials (asbestos etc.), equipment / machinery (forklift, electrical panel, scaffolding etc.), environmental factors (environmental temperature, underground work etc.))</i></li> <li>For ISO 45001 / Please provide information about the incidents if you faced with within last 3 years.</li> </ul>
If you obtained any consultancy services, please provide information about its content and provider.

<b>For Recertification Audits Only:</b>	
Please tick as per status of changes since last audit	<input type="checkbox"/> <i>No Change</i> <input type="checkbox"/> Regulations <input type="checkbox"/> Organizational Structure <input type="checkbox"/> Processes <input type="checkbox"/> Significant Changes on Management System <input type="checkbox"/> Other

<b>For integrated management systems, please provide information about total integration percentage via the information below</b>	
Integrated Management Sytem Review, business strategie and plans (20%)	
Integrated internal auditing (20%)	
Integrated documentation structure including work instructions (20%)	
Integrated system processes (10%)	
Integrated policies and objectives for each standard (10%)	
Integrated improvement mechanism (Corrective and preventive actions, continual improvement) (10%)	
Integrated management support and responsibilities (10%)	
<b>Total Integration Percentage (%)</b>	

<b>The signature of the authority:</b>	<b>Date:</b>

\*Please attach the organization chart with this form, if exists.