

System Certification Application Form

1. Customer Information

Fields marked * must be completed

1.1 Company information

Company Name *

Head office address ³

Website

Phone *

Email *

Commercial record

number *

Tax Number *

1.2 Authorized Person information

Name *

Position *

Phone *

Email *

2. Services Requested

Accreditation Requested *

Services Requested (EGAC Accreditation) *

"If you Choose EGAC, Select required Standards"

"If you have an integrated system, You can choose more the standard"

ISO 9001:2015 Quality management systems

ISO 14001:2015 Environmental management systems

ISO 22000:2018 Food Safety Management Systems

ISO 45001:2018 Occupational health and safety management systems

Others

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- 3. Application Type *
- 4. Certification Type *
- **5.** Scope *
- 6. The Number of Shift Employees at the Headquarter(s), Subsidiary(s), Local Office(s) and Worksite(s) in the Scope of Certification (The number of subcontractors is included.) *

Address of Headq <mark>uarter(s)</mark> ,		Number of Employees			
Subsidiary(s), Local Office(s), Facility(s) and Wo <mark>rksite(s)</mark>	Operated Processes	Shiftless Work	1 st Shift	2 nd Shift	3 rd Shift

- 6.1 If the shifts have different, processes please specify below with the info of that shift and location.
- 6.2 If the company have seasonal production / service, kindly state the number of employees worked within this scope. (Including subcontractors).
- 6.3 How many HACCP plans does the organisation have? *
- 6.4 Did you perform internal audit(s)? * Yes No
- 6.5 Did you perform management review meeting(s)? * Yes No
- 6.6 Did you have a consultation? * Yes No
- 7 For more than one standard certification, please answer the questions below

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7.1	Is the Manage systems?	ment Review Meeting performed in co	mmon for all th	re Yes	No
7.2	Is the Internal	Audit performed in common for all the	systems? *	Yes	No
7.3	Are the Qualit	y Policy and Targets composed in com	ımon? *	Yes	No
7.4		n integrated document system? k instructions)		Yes	No
7.5	Are the syster	n processes evaluated integratedly?		Yes	No
7.6		mon approach to improvement mecha d preventive actions)	nism exist?	Yes	No
7.7		pined management support and responagement, common responsibilities)	nsibilities exist´	? Yes	No
8	The essenti	al documents requested for the	application		
8.1	Tax card*				
8.2	Commercial re	ecord*			
8.3	Board of Trad	e Activity Certification			
8.4	Organization	chart*			
8.5 Perm	The Documen issions, Permits	ts Indicating the Implementation of Le etc.)	gal Necessity (Papers,	
	1:2015 applicati	uirements need to be delivered in ISO ons: Context of Organisation (Internal umented Information regarding to risk	and External		
Sig	ınature	Date			

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