

APPLICATION FORM OF CERTIFICATION



The information you have given in this form is forwarded directly to the certification department. The wrong information given in this form may cause the wrong preparation of your certificate. Our company is not responsible for the enforcements caused given wrong and/or missing information. Please be sure from the correctness of the information and approve.

Full Name of the Company <i>(mentioned in Commercial registry gazette)</i>			
Full Address of the Company <i>(mentioned in Commercial registry gazette)</i>			
Activity Area			
Scope (in Turkish and in English)			
OIB Number			
Tax Office		Tax Number	
Phone Number	()	Fax Number	()
E-mail		Web site	
Name and Title of the person who will be communicated:		Management Representative Name:	
Name and Title of the Top Manager		Mobile Phone of the Top Management	
Employee Number	TOTAL:	Full Time:	Part Time:
Subcontractor:	In main Process:	Number of Executive Personnel:	In Design:
Number of Shifts			
Accreditation Preferences	<input type="checkbox"/> HAA <i>(* Please confirm our accreditation scopes on www.udemadriatic.com)</i>		
Service Requested System Standard:	<input type="checkbox"/> ISO 9001:2015 <input type="checkbox"/> Diğer	Requested Audit Type:	<input type="checkbox"/> Pre-Audit <input type="checkbox"/> Certification <input type="checkbox"/> Transfer <input type="checkbox"/> Change of Scope <input type="checkbox"/> Reassessment
Design:	<input type="checkbox"/> YES <input type="checkbox"/> NO		

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Please define the clauses excluded according to management system standard:		
Please define the product/service realization processes, operations, functions, relationships, technical resources and products in your organization		
(If there is) Other branch office /site/ establishment/factory etc. addresses under the control of central quality management system.	<u>Site 1:</u>	<u>Site 3:</u>
	<u>Number of Personnel:</u>	<u>Number of Personnel:</u>
	<u>Process:</u>	<u>Process:</u>
	<u>Site 2:</u>	<u>Site 4:</u>
	<u>Number of Personnel:</u>	<u>Number of Personnel:</u>
	<u>Process:</u>	<u>Process:</u>
(If there is) Other branch office /site/ establishment/factory etc. addresses not under the control of central quality management system.	<u>Site 1:</u>	<u>Site 3:</u>
	<u>Number of Personnel:</u>	<u>Number of Personnel:</u>
	<u>Process:</u>	<u>Process:</u>
	<u>Site 2:</u>	<u>Site 4:</u>
	<u>Number of Personnel:</u>	<u>Number of Personnel:</u>
	<u>Process:</u>	<u>Process:</u>
Please give a brief information about interfaces between different sites:		
Please explain the reason if you'd like to transfer your certificate		
If your company depended another company, Company Name is:		
If there is, defined exterior processes (sub-production etc.):		
For how long is the Management System being applied in your company?		
Name of the company or person if professional		

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consultancy has been received during the process of building the Management System:	
Define the system, product etc. certificates received from national/international bodies:	

I have read the UDEM Application Terms Information Form (FRM.13) and commit to apply these.

I declare the currency and correctness of all the information given above, and accept the responsibility of the negative situations caused from the misinformation.

Name Surname, Signature

Date

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