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| Proks Belgelendirme ve Özel Eğitim Hizmetleri Limited Şirketi | | | | | | | | | | | | | [logo]  PROKS  CERTIFICATION | | |
| APPLICATION FORM FOR CERTIFICATION | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Institution Name** |  | | | | | | | | | | | | | | |
| **Phone Number** |  | | | **Fax** | | |  | | **Web** | | |  | | | |
| **Authorized Representative** |  | | | **Position** | | |  | | **E-mail** | | |  | | | |
|  | | | | | | | | | | | | | | | |
| **Address and Number of Employees of Headquarters** | | |  | | | | | | | | | | | |  |
| **Address and Number of Employees of Field 1** | | |  | | | | | | | | | | | |  |
| **Address and Number of Employees of Field 2** | | |  | | | | | | | | | | | |  |
| \*\*Sufficient number of lines should be added in order to indicate addresses of all fields. | | | | | | | | | | | | | | | |
| Initial Certification | | Additional Standard | | | Address Change | | | Scope Change | | | Other ………………… | | | | |
|  | | | | | | | | | | | | | | | |
| **Management System Demanded for Certification** | | | | | | | | | | | | | | | |
| ISO 9001:2015 | | ISO 14001:2015 | | | ISO 22000:2018\* | | | ISO/IEC 27001:2013\* | | | ISO 45001:2018\* | | | | |
| ISO 50001:2018\* | | AS EN 9100 Rev D | | | ISO 22000:2005\* | | | ISO 22301:2019 | | | OHSAS 18001:2007 | | | | |
| GMP | | ISO 10002:2018 | | | Halal Certificate | | | ISO/IEC 20000-1:2018 | | | Other | | | | |
| \*An additional form will be sent in case of an application for management systems with “\*”. | | | | | | | | | | | | | | | |
| **Is integration procedure applied for multiple management system?** | | | | | | | Yes | | | No | | | | | |
| **Are the managements systems under the application procedure applied?** | | | | | |  | **How long are the management systems applied?** | | | | | | |  | |
|  | | | | | | | | | | | | | | | |
| \***Scope** (Field of Operation to Be Indicated in the Certificates) | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| \*In case the certificates are demanded in different languages, please translate the scope into the relevant language. | | | | | | | | | | | | | | | |
| **Please indicate the inapplicable articles in accordance ISO 9001 if any.** | | | | | | | | |  | | | | | | |
| **Please provide information about the processes supplied externally if any.** | | | | | | | | |  | | | | | | |
| **Please provide information about the special processes if any.** | | | | | | | | |  | | | | | | |
| **Please provide information about the legal legislation which you are obliged to follow if any.** | | | | | | | | |  | | | | | | |
| **Please provide information about the company you related with if any.** | | | | | | | | |  | | | | | | |
| **Please provide information about the consultancy services if you use any (Names of Consultant and Institution)** | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Please provide information about the functions, processes, operations related to the certification scope.**  *(Numbers of product types, production lines, critical control points, pre-requirement programs etc. and building area, infrastructure etc.)* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Name of Customer’s Representative:**  **Stamp/Signature:** | | | | | | | **Date:** | | | | | | | | |

Proks Belgelendirme ve Özel Eğitim Hizmetleri Ltd. Şti.

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