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| Proks Belgelendirme ve Özel Eğitim Hizmetleri Limited Şirketi | [logo]PROKSCERTIFICATION |
| 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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