

**APPLICATION FOR CERTIFICATION FOR ISO 9001:2015**

Address:-			
Post Code:-			
Tel:		Extension:	
Fax:		Email:	
Management Representative			
Name:		Title:	
Number of Sites: (details of additional sites i.e. location/activities to be submitted on a separate sheet)			
Principal Products or Services provided by the Company:			
Main Processes and Materials Used:			
Scope for Certification (what do you do?)			
The use of the Accreditation Mark indicates accreditation in respect of those activities covered by the accreditation certificate number			
Details of consultant if used			
Does your Organisation conduct any activities on clients' sites? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES list activity site:			
Does your organisation's quality manual fully address ISO 9001:2015? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are there any claimed exclusions from ISO 9001:2015? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES what are the exclusions and how are they justified			
Are there any outsourced processes? If so, please detail them			



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Is the English language spoken by all staff, if not what other languages will we require to understand when doing the assessment?

What key legislation is applicable at your site(s)?

Company Employees


Category/Description (e.g., Sales/Marketing, Design, Admin, Purchase, Labour, Account, Supervisor)	Permanent Employees Number	Temporary Employees Number
total number		

Signed: _____ Position: _____ Date: _____

End of Client Application



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CPPSI Review of application					
Application completed satisfactory? 					
Comments:					
Within CPPSI accredited scope. <input type="checkbox"/> yes <input type="checkbox"/> no					
Comments					
Ready for Stage 1? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Comments:					
Ready for Stage 2? <input type="checkbox"/> yes <input type="checkbox"/> No Reviewed In Stage 1					
Comments on completion of Stage 1					
Auditors available? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Comments:					
Is the scope statement clearly defined? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Comment:					
Need to contact client to discuss revisions to enquiry? <input type="checkbox"/> yes <input type="checkbox"/> No					
Comments:					
Produce Quotation / regret letter and submit to client <input type="checkbox"/> yes <input type="checkbox"/> No					
Reviewed by		Signature		Date	