



APPLICATION FOR MS CERTIFICATION

For STAREGISTER internal use
 Agreement No. _____

This application form is submitted with respect to STAREGISTER MS Certification Regulations and Code of Ethics for the certification of the following system(s). Information on the STAREGISTER Management System Certification Regulation (R1000) can be obtained from the STAREGISTER website: <http://www.staregister.org/i/system>. This application form will be used by STAREGISTER to conduct a resource review of the applicant's request and proposed scope of certification.

Please mark the requested MS certification(s):

- | | | | | | | | | | |
|----------------|--------------------------|----------------|--------------------------|----------------|--------------------------|----------------|--------------------------|----------------|--------------------------|
| ISO 9001:2015 | <input type="checkbox"/> | ISO 14001:2015 | <input type="checkbox"/> | ISO 22000:2018 | <input type="checkbox"/> | ISO 45001:2018 | <input type="checkbox"/> | ISO 27001:2013 | <input type="checkbox"/> |
| ISO 37001:2016 | <input type="checkbox"/> | ISO 10002:2018 | <input type="checkbox"/> | R.5000 NGO | <input type="checkbox"/> | HALAL FOOD | <input type="checkbox"/> | OTHER | <input type="checkbox"/> |

Please define other: _____

Please define desired type of certification:

- | | | | | | | | |
|---------|--------------------------|--------------|--------------------------|-----------------|--------------------------|-----------------------|--------------------------|
| Initial | <input type="checkbox"/> | Surveillance | <input type="checkbox"/> | Recertification | <input type="checkbox"/> | Transfer ¹ | <input type="checkbox"/> |
|---------|--------------------------|--------------|--------------------------|-----------------|--------------------------|-----------------------|--------------------------|

Applicant Information:

Company Name: _____
(exactly as it should appear on certificate)

Company Address: _____
(Address (exactly as it should appear on certificate)

City

Zip/Postal Code

Country

Telephone No.: _____ Fax No.: _____
Should include International & City Codes

E-mail Address: _____ Web Address: _____

Contact Person: _____ Position : _____

Total number of Employees: _____ No of Shifts: _____ No of Key Process in each Shift: _____
For NGOs, No. of members

Details of Personnel:

Department: _____	Total Employees: _____	Employees in Shift: _____
Department: _____	Total Employees: _____	Employees in Shift: _____
Department: _____	Total Employees: _____	Employees in Shift: _____
Department: _____	Total Employees: _____	Employees in Shift: _____
Temporary: _____	Total Employees: _____	Employees in Shift: _____
Part-Time: _____	Total Employees: _____	Employees in Shift: _____



Level of automation (QMS-EMS)

_____ ** Please define; Is the company highly automated the activities and processes*

Integrated System documentation

_____ ** The integration level of the documents. Please define which documents and processes are planned at Integrated Management System including Management Review, Internal Audit, Objectives, Policies, Non-conformities etc*

Other certificates:

_____ *Is the company already certified to another standard by the same Certification Body or another Certification Body*

No. of Sites (if available): _____

**Please define if it is office or production plant.*

Site 1 Address:

_____ *if available*

Site 2 Address:

_____ *if available*

Site 3 Address:

_____ *if available*

Scope of Activities:

_____ *(description of organization activities covered by the management system)*

Risk Level:

_____ *For OHSAS and EMS certification*

No of HACCP Plan:

_____ *For FSMS certification*

Do all sites carry out same HACCP plans? :

_____ *If not, please indicate*

Not applicable (with reasons):

_____ **Is design process not applicable?*

Context of Organization:

Processes & Operations:

Outsourced Processes:

_____ *If applicable*



Relevant laws and regulations applicable to the scope:

_____ *If applicable*

Other current MS certifications:

For ISO 37001 Applications:

Risk Factor 1:

_____ *if the organization trading/supplying Governmental or Political organizations.*

Risk Factor 2:

_____ *if the organization is a part of group companies or relative organizations.*

Risk Factor 3:

_____ *if the organization has sub-contractors.*

Risk Factor 4:

_____ *if the organization is sub-contracting governmental or political organizations.*

Name / Title of Consultant:

Since the last time your company applied for STAREGISTER certification, have there been any changes in the documented management system? If you answer "yes", please send appropriate supporting documentation. No Yes

¹ For Transfer Certification Application please send the following documents with the application form;

- ✓ Valid Management System Certificate,
- ✓ A letter to STAREGISTER defining the reason for transfer,
- ✓ The latest audit report, closures of the findings and applicable documentation relevant to latest audit,
- ✓ Quality manual or documented information required for the management system applied.

Applicant Statement & Signature:

All data and information included in this application form is accurate and true to the best of my knowledge. As the Legal Representative of the company who submits the application I confirm that I understand and agree to the following conditions:

1. I read and I accept the terms and the requirements of STAREGISTER Certification Regulation, Logo Mark Policy.
2. All declared details in this application form are true.
3. The information which is included in this application form can be published in the STAREGISTER registry.

Authorized Signature for Applicant:

Name of Signer (type or print):

Date:

Title of Signer:

Review: (For STAREGISTER Internal use)

Initials of Reviewer:

Date of Review:
