



APPLICATION FORMS 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 \(R100\)](#) can be obtained from the STAREGISTER website. 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 request MS certification (s):

ISO 9001:2015	<input type="checkbox"/>	ISO 14001:2015	<input type="checkbox"/>	ISO 22000:2018	<input type="checkbox"/>	ISO 45000:2018	<input type="checkbox"/>	ISO 50001:2018	<input type="checkbox"/>
ISO 37001:2016	<input type="checkbox"/>	ISO/ IEC 27001:2022	<input type="checkbox"/>	ISO 37001:2021	<input type="checkbox"/>	ISO 9001:2015 QMS HALAL FOOD	<input type="checkbox"/>	OTHER	<input type="checkbox"/>

Please define others:

Please mark the request MS certification (s):

Initial	<input type="checkbox"/>	Surveillance	<input type="checkbox"/>	Recertification	<input type="checkbox"/>	Transfer ¹	<input type="checkbox"/>
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Applicant Information:

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

Commercial Name _____ **Tax ID Number** _____
(exactly as it should appear on certificate)

Company Address: _____
 (line 2 optional)
(Address (exactly as it should appear on certificate)

City Zip/Postal Code Country

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

TOTAL PERSONNEL DISTRIBUTION	OWN PERSONNEL			OUTSOURCED PERSONNEL	
	FULL TIME	PART TIME	APPLICABLE SHIFTS (Y/N)	FULL TIME	PART TIME
Directives:					
Commercial:					
Production:					
Administration:					



No. of Additional 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

Site 4 Address:

if available

Site 5 Address:

if available

Site 6 Address:

if available

ACTIVITY OF ORGANIZATION	USUAL WORK PLACE	NO. OF EMPLOYEES IN THIS POSITION (IF APPLICABLE)
Cleaning service	Cleaners	
Security:	Security personnel	
Transport:	Drivers	
Any activity:	Commercial worker	
Any activity (Low level of technology/automatization)	Manpower instead of automated processes	
Assembly Line/ Group activities:	Sorting, Mounting, Assembling, Packaging	
Call centers and telemarketing:	Telephone operators	
Agrarian:	Collectors/Harvesters	
Healthcare in Hospitals:	Hospital Wards/Staff	
Construction /open pit mining activities:	Construction Worker	

Scope of Activities:
 (Customer's Language
 if not English):

(Description of organization activities covered by the management system)

Scope of Activities in English:

(Description of organization activities covered by the management system)

Risk Level:

For OHSAS and EMS certification

N° of HACCP Plans:

For FSMS certification

Do all sites carry out same HACCP plan?

If not, please indicate

Not applicable (with reasons):

** Is design process not applicable?*

Level of automation (QMS_EMS)

** Is design process not applicable?*

Integrated System documentation

** Is 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:

Does this company have any product, CE, UL, or additional certifications other than Management Systems?

Representation of the company:

Processes:



Outsourced Processes
(if applicable):

Relevant laws and
regulations applicable
to the scope:

Other current MS
certifications:

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

For ISO 45001 Applications:

Key Hazards:

If the organization's scope is high risk sector scope according to ISO 14001?

OHSAS Risk:

If the organization's scope is high risk sector scope according to ISO 45001?

For ISO 14001 Applications:

Key Hazards:

If the organization's scope is high risk sector scope according to ISO 14001?

Aspects:

If the organization's scope is high risk sector scope according to ISO 45001?

For ISO 37301 Applications:

Risk Factor 1:

If the organization's scope is high risk sector scope according to ISO 14001?

Risk Factor 2:

If the organization's scope is high risk sector scope according to ISO 45001?

For ISO 27001 Applications:

1. No of confidential information (patents, know-how, technical drawings, etc.)	A few <input type="checkbox"/>	Some <input type="checkbox"/>	A lot <input type="checkbox"/>
2. Number of Disaster Recovery (DR) sites like Cloud Services or Servers, etc.	1 <input type="checkbox"/>	2 to 3 <input type="checkbox"/>	4 or more <input type="checkbox"/>
3. No of critical assets (number of critical computers/equipment used to perform critical tasks)	1 to 25 <input type="checkbox"/>	26 to 100 <input type="checkbox"/>	101 or more <input type="checkbox"/>
4. Regulatory requirements: (<i>*Critical sectors are as follows: Military, governmental, affecting too much personnel data</i>)	Non-critical <input type="checkbox"/>	Some critical sectors <input type="checkbox"/>	Critical sectors <input type="checkbox"/>
5. Number of different IT platforms, number of segregated networks.	1-2 <input type="checkbox"/>	3 to 10 <input type="checkbox"/>	11 or more <input type="checkbox"/>
6. Extent of outsourcing and third-party arrangements used within the scope of the ISMS.	No outsourcing <input type="checkbox"/>	1-5 suppliers related with IT <input type="checkbox"/>	More than 6 suppliers related to IT <input type="checkbox"/>
7. Extent of information system development.	No in-house system/application development <input type="checkbox"/>	1 to 3 in-house system/application development <input type="checkbox"/>	4 and more <input type="checkbox"/>

Please report what (if any) ISMS related information cannot be made available for review by the audit team because it contains confidential or sensitive information.

For ISO 50001 Applications:

Number and Names of Effective Personnel:

1. Top Management.	
2. Energy Team (Total n. of team).	
3. The person(s) responsible for making major changes that effect energy performance.	
4. The person(s) responsible for developing, implementing or maintaining energy performance improvements, including objectives, energy targets and action plans.	
5. The person(s) responsible for developing and maintaining energy data and analysis;	
6. The person(s) responsible for planning, operating and maintaining the processes related to the SEUs including during seasonal operations (e.g. harvesting activities, hotels) as appropriate.	
7. The person(s) responsible for design which affects energy performance.	

Energy Types and Consumption (kw /TJ /Litros,...):

Type	Consumption (indicate in each line the exact annual consumption, if applicable. Values will be verified in Audit.)
Electricity	
Natural Gas	
Gasoline/Diesel	
Solar	
Other Energy types used	



Integrated Audit Variables (Please indicate with X)

Do you want the evaluations to be carried out jointly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the systems on these standards integrated into a single system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a unified internal audit programmed covering all elements of IMS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is a management review conducted and does it cover the entire IMS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has documentation control been unified and centralized and does it cover the entire IMS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a unified team responsible for the implementation and maintenance of the IMS, able to answer questions about the entire IMS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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:

- I read and I accept the terms and the requirements of STAREGISTER Certification Regulation, Logo Mark Policy.
- All declared details in this application form are true.
- 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: