

**APPLICANT****COMPANY NAME:****ADDRESS:**

If your organization is part of a larger organization; Please specify the organization you are a part.

**Phone:****Fax:****Authorized Person:****e-mail:****Tax Office:****Tax Number:****Requested certification module of standard** Annex IX EC Type Examination - Module B ISO 9001:2008 Annex X Full Quality Assurance - Modul H**Do you have any valid certificate related the scope which you requested us?  
(Module H,)** Yes No

Please send a copy.

**If you request Module H or ISO 9001:2008, please fill.****Type Of Application** First Certification Re-Certification Transfer**Management Representative:****Is there any Headquarter(s), Subsidiary(s), Local Office(s) and Worksite(s) in the Scope of Certification?****Address of Headquarter(s), Subsidiary(s),  
Local Office(s), Facility(s) and Worksite(s)****Operated Processes****Product/Products are requested for certification  
(Please define intended use of product/products)**

**Please fill the following questions?**

Please state the scope of the quality management system and the area(s) of operation(s) which will be certified.

Please state the required legal regulations, standards and directives related to your product(s) and the process(s).

Please state the external process(s) if exists.

Please state the excluded article(s) of the related standard, if exists..

Did you perform internal audit(s)?

Did you perform management review meeting(s)?

Please state the reason(s) if the application is for the transfer of the certificate(s).

Please state the instition and the consultant, if the consultancy service is taken.

If the machinery does have a control system with safety related parts (hydraulic or pneumatic ), please define it.

**Name - Surname****Aplicant  
Date****Signature/Stamp****THE SECTION TO BE FILLED BY SZUTEST**

Related Scope

Is it in our scope

 Yes No

Date

Conrolled By

