

APPLICATION FOR CERTIFICATION

TRAIB CERT PVT LTD,
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Initial Certification Re-certification Transfer at Surveillance Transfer at Recertification

Organisation Name:

Organisation Type: Company Partnership Proprietorship Other_____

Name/Designation of Top Management:

Mobile:

Head Office:

Main Operative Site
(for additional sites
see next page)

Contact Person

Name:

Position:

Mobile:

Fax:

Tel-1:

E-mail:

Tel-2:

Website:

Desired Scope of Certification



Scope:

Site (S):

[Kindly attach separate sheet if more than one site]

Exclusions

Justification

Certification Scheme Applied

- | | | | | |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> ISO 9001 | <input type="checkbox"/> ISO 14001 | <input type="checkbox"/> ISO 22000 | <input type="checkbox"/> ISO 27001 | <input type="checkbox"/> ISO 45001 |
| <input type="checkbox"/> ISO 26000 | <input type="checkbox"/> ISO 21500 | <input type="checkbox"/> ISO 10002 | <input type="checkbox"/> ISO 20000 | <input type="checkbox"/> ISO 50001 |
| <input type="checkbox"/> ISO 31000 | <input type="checkbox"/> ISO 29001 | <input type="checkbox"/> ISO 13485 | <input type="checkbox"/> ISO 22301 | <input type="checkbox"/> GMP |

Accreditation:

Un Accreditation:

Certified in Any Other Management Systems

- Yes: _____ Nil

Applicable Legal and Statutory Requirements

[Attach Certificate]

Compliance

Language:

Safety Conditions,
If Applicable:

Outsourced
Processes:

Description of
Technical Resources
(Eg. Machinery)

[Please attach separate sheet]



Consultancy Organisation/ Consultant

Self Prepared

Desired Date of Audit*:

* desired date should be the date, time and season when audit team has the opportunity to audit the Organisation operating on the maximum product lines, categories and sectors covered by the scope

No.of Employees	Main Site (above)			Site 1			Site 2			Remarks
	General	Shift 1	Shift 2	General	Shift 1	Shift 2	General	Shift 1	Shift 2	
Total Including Contracted (Give Break-Up as Below)										
Part time										
Production										
QC + Purchase + Store										
Marketing										
Others										

For Transferring Certification From Other Certification Body

Name of CB
(Attach Certificate)

Latest Audit
(Attach Report)

Reason for Transfer

Certificate Under Suspension/ Under Threat of Suspension



Additional Information required for ISO 14001 and/or ISO 45001, if applied

**Significant EMS/
OHSAS Aspects:**

Legal Obligations & compliance:

[Attach Certificate]

Any Incident/Accident in Past:

Other Information:

I acknowledge that

- The information provided by me is correct as per my best knowledge and the TRAIB CERT offer is based on the above information. If during assessments any variation is found, TRAIB CERT may revise its arrangements and offer.
- Application fee once paid is non refundable.

**Name and Signature with seal of the Authorized Representative
Date:**

Attachments:

Organisation Chart

Previous Certificate (for transfer only)

Previous Audit report (for transfer only)

Other Useful information, if any

Note:

* Please fill correctly to enable us understand your requirements and issue a formal offer.

* No information shall be disclosed to any third party without the written consent of the customer in conformity with TRAIB CERT Policy & Procedures