



IAPMO R&T REGISTRATION SERVICES

5001 E. Philadelphia Street, Ontario, CA 91761, USA
Tel: 877-4-MY-ISO-1 or 909-230-5530 Fax: 909-472-4199 Website: www.isoiaipmort.org



APPLICATION FOR MANAGEMENT SYSTEMS REGISTRATION

Select the Standard(s) that you want to apply:

ISO 9001 ISO 14001 OHSAS 18001 AS 9100 ISO 22000 ISO 13485 TS16949 Other _____

Select the type of certification that you want to apply:

Single site certification Multi-site certification

Company: _____ Division of _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Website: _____

Management Representative Information:

Name: Mr. Mrs. Ms. _____ Title: _____

Phone: _____ ext. _____ Fax: _____ E-mail: _____

Invoicing Information:

Name: Mr. Mrs. Ms. _____ Title: _____

Phone: _____ ext. _____ Fax: _____ E-mail: _____

Listing Information:

Scope of Registration (description of product/services for which registration is sought as you would like it to appear on your certificate):

Describe any exclusions if applicable (e.g. Design, Servicing, etc.): _____

Facility Information (If you choose multi-site certification, please complete the following for your main office information. Additional sites information to be completed on Part 2 of this application.):

Size of Facility (square feet): _____ # of Buildings: _____

Hours of Operation: _____ Holiday / Closings: _____

Language of Audit: _____ Translator Available? (if language of audit is other than English): Yes No

What is the total number of employees? _____ (full time: _____ part time: _____)

Number of Shifts*: _____

* Are there repetitive processes on the shifts? Yes No If yes, please explain: _____

Safety and/or other applicable restrictions (e.g. Limited access areas, steel-toe shoes required, etc.): _____

Is there a quality manual designed per the standard you are applying for? Yes No Other: _____

Have internal audits covering entire quality system & all elements of the Standard been documented? Yes No Other: _____

Has a Management Review with follow-up action been completed & documented? Yes No Other: _____

Are any of your processes outsourced? Yes No If yes, please explain: _____

How soon do you want to be certified? ASAP 3 months 6 months Other: _____

Do you want the quotation to include optional pre-assessment audit? Yes No

Do you use consultant help to implement the management system in your organization? Yes No

If yes, please provide the name of the consultant used _____

The applicant may need to supply any additional information needed for its evaluation and to comply with the registration requirements. Any information gathered from the application documentation and the quality manual review may be used for the preparation of the on-site audit and will be treated with confidentiality. IAPMO R&T Registration Services Department will provide any necessary explanation when the desired scope of registration is related to a specific program. If requested, additional application information will be provided to the applicant.

Completed By: _____ Title: _____ Date: _____

FOR IAPMO R&T REGISTRATION SERVICES USE ONLY

- Requirements for registration are clearly defined, documented and understood.
- Any difference in the understanding with the client is resolved.
- The appropriate scope accreditation is available.
- Auditor with appropriate scope background is available
- Ability to meet location needs.
- Ability to meet language needs.

Remarks: _____

Reviewed by: _____ Title: _____ Date: _____



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APPLICATION FOR MANAGEMENT SYSTEMS REGISTRATION (PART 2 – For Multi-Site Certification only)

How many sites in addition to your main office that you want to be part of this multi-site certification? _____

Please complete the following for your additional sites (If more space needed, please feel free to make copy of this page.):

Site # _____ Information: Address: _____

Describe the process performed on this site _____

Size of Facility (square feet): _____ # of Buildings: _____

Hours of Operation: _____ Holiday / Closings: _____

Language of Audit: _____ Translator Available? (if language of audit is other than English): Yes No

What is the total number of employees? _____ (full time: _____ part time: _____)

Number of Shifts*: _____

* Are there repetitive processes on the shifts? Yes No If yes, please explain: _____

Safety and/or other applicable restrictions (e.g. Limited access areas, steel-toe shoes required, etc.): _____

Is there a quality manual designed per the standard you are applying for? Yes No Other: _____

Have internal audits covering entire quality system & all elements of the Standard been documented? Yes No Other: _____

Has a Management Review with follow-up action been completed & documented? Yes No Other: _____

Are any of your processes outsourced? Yes No If yes, please explain: _____

Site # _____ Information: Address: _____

Describe the process performed on this site _____

Size of Facility (square feet): _____ # of Buildings: _____

Hours of Operation: _____ Holiday / Closings: _____

Language of Audit: _____ Translator Available? (if language of audit is other than English): Yes No

What is the total number of employees? _____ (full time: _____ part time: _____)

Number of Shifts*: _____

* Are there repetitive processes on the shifts? Yes No If yes, please explain: _____

Safety and/or other applicable restrictions (e.g. Limited access areas, steel-toe shoes required, etc.): _____

Is there a quality manual designed per the standard you are applying for? Yes No Other: _____

Have internal audits covering entire quality system & all elements of the Standard been documented? Yes No Other: _____

Has a Management Review with follow-up action been completed & documented? Yes No Other: _____

Are any of your processes outsourced? Yes No If yes, please explain: _____

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Has a Management Review with follow-up action been completed & documented? Yes No Other: _____

Are any of your processes outsourced? Yes No If yes, please explain: _____