



# 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.isoiapmort.org



## APPLICATION FOR TRANSFERRING MANAGEMENT SYSTEMS CERTIFICATIONS

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

ISO 9001  ISO 14001  OHSAS 18001  AS 9100  ISO 22000  ISO 13485  TS16949  Other \_\_\_\_\_

Select the type of certification that you want to transfer:

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.): \_\_\_\_\_

Who is your current registrar? \_\_\_\_\_ Certificate expires on: \_\_\_\_\_

Please give a brief description of reason for transfer (i.e. price, customer service, etc., or write "N/A" for no reason): \_\_\_\_\_

Is your certificate currently under suspension or under the threat of suspension?  Yes  No

Was there any non-conformity(ies) found during the last audit?  Yes  No

If yes, has this non-conformity(ies) been closed by your current registrar?  Yes  No

When would you like the transfer to take place?  ASAP  Between these date(s): \_\_\_\_\_  On or before: \_\_\_\_\_

Have consulting services been used for the particular standard to be audited in the last two years?  Yes  No

If yes, please provide the name of the consultant used. \_\_\_\_\_

### Please provide the following information: (for multi-site certification, please provide documentation from all sites involved in this transfer)

Quality manual/procedures.  Done, see attached  Will send later

Current certificate.  Done, see attached  Will send later

The latest audit report performed by your current registrar  Done, see attached  Will send later

A copy of the latest non-conformity(ies) report(s) and the corrective action plan(s).  Done, see attached  Will send later  N/A, none found

Complaint(s) received and action taken.  Done, see attached  Will send later  N/A, none received

**By completing this form, the applicant agrees 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

- |   |   |
|---|---|
| <input type="checkbox"/> Requirements for registration are clearly defined, documented and understood.  | <input type="checkbox"/> Auditor with appropriate scope background is available |
| <input type="checkbox"/> Any difference in the understanding with the client is resolved.   | <input type="checkbox"/> Ability to meet location needs.                        |
| <input type="checkbox"/> The appropriate scope accreditation is available.  | <input type="checkbox"/> Ability to meet language needs.                        |
| <input type="checkbox"/> Previous registrar accredited by an accreditation agency that is a member of an EA, PAC, IAAC, or IAF MLA signatory. |   |
| <input type="checkbox"/> IAPMO R&T RS has verified the validity of the certificate.   |   |

Remarks: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



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## APPLICATION FOR TRANSFERRING MANAGEMENT SYSTEMS CERTIFICATION: (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.): \_\_\_\_\_

Was there any non-conformity(ies) found during the last audit?  Yes  No

If yes, has this non-conformity(ies) been closed by your current registrar?  Yes  No

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: \_\_\_\_\_

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Was there any non-conformity(ies) found during the last audit?  Yes  No

If yes, has this non-conformity(ies) been closed by your current registrar?  Yes  No

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: \_\_\_\_\_

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

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