

Dear Customer,
we transmit this information document in relation to the possible certification of your Business Management System in accordance with the relevant legislation. Please read the Certification Regulations available on our website <https://autenticert.it/> underlining that the acceptance of any offer will imply the automatic acceptance of the Regulations themselves.

Please provide the information requested in the spaces below and send this request to the Certification Body.

We also ask you to attach a valid Chamber of Commerce Certificate.

NORM									
<input type="checkbox"/>	ISO 9001	<input type="checkbox"/>	ISO 14001	<input type="checkbox"/>	ISO 45001	<input type="checkbox"/>	ISO 27001	<input type="checkbox"/>	ISO 39001
<input type="checkbox"/>	ISO 37001	<input type="checkbox"/>	ISO 13485	<input type="checkbox"/>	ISO 22716	<input type="checkbox"/>	ISO 22301	<input type="checkbox"/>	ISO 50001
<input type="checkbox"/>	ISO 22000	<input type="checkbox"/>	ISO 13009	<input type="checkbox"/>	MO 231 2001	<input type="checkbox"/>	PAS 24000	<input type="checkbox"/>	Other
TYPE OF ASSESSMENT									
<input type="checkbox"/>	Initial	<input type="checkbox"/>	Transfer	<input type="checkbox"/>	Scope Extension	<input type="checkbox"/>	Site Extension		
GENERAL INFORMATION									
Name					P.IVA/COD. REVENUE.				
Contact person		Role		Tel/Mail					
Registered office		<i>(Address, Civic, Zip Code, Municipality, Province, State)</i>							
Tel.		Fax		Email					
Is the registered office subject to certification?		YES <input type="checkbox"/> NO <input type="checkbox"/>							
Average turnover in the last 3 years		€							
Total number of employees		N° Employees Full Time			N° Employees Part Time				
IF THE COMPANY OPERATES ON SHIFTS, INDICATE THE DIVISION OF THE WORKFORCE:									
0TH SINGLE ROUND		1ST ROUND		2nd ROUND		3rd ROUND		4th ROUND	
From ____ alle ____		From ____ alle ____		From ____ alle ____		From ____ alle ____		From ____ alle ____	
N°		N°		N°		N°		N°	
DOES THE ORGANIZATION OPERATE ON MULTIPLE SITES?				YES <input type="checkbox"/> NO <input type="checkbox"/>					
LIST OF ALL THE OPERATIONAL SITES TO BE CERTIFIED REPORTED ON THE CCIA									
Address <i>(type, address, Civic, Postal Code, Municipality, Province, State)</i>		Total No. of Employees		N° Employees Full Time		N° Employees Part Time		Processes carried out at the headquarters	
Does the company have certifications?				YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, Attach a copy of the Certificate(s)					
Data Management System									
Name of Consultant or Consulting Company <i>(in case it is not specified it will</i>									

be considered internal to the company)

REQUIRED PURPOSE

INDICATE ANY OUTSOURCED PROCESSES

PROCESSES NOT APPLICABLE

IAF ANNEX 35:

Complete list of orders carried out (BOTH CLOSED AND IN PROGRESS) in the last three years falling within the scope of application

An external operating site means the place where a company provides its service, for example: construction sites for companies in the construction sector; condominiums, offices, shops for cleaning companies; cooking and meal administration centers for catering companies; nursing or home rehabilitation assistance, for health authorities; and similar.

It is possible to provide information on operational sites also reported in different formats such as Excel sheet, word table, as long as we have the same information and the note below.

Construction site of	Address	Object of the activities / works	Start date	Number of Employees		Amount €	Duration in Days	Works carried out in percentage %	Applicable only for active construction sites	
				Company	Sub. appalt.				Distance from the headquarters in Km	Average time of arrival

IAF ANNEX 37:

Organization staff INVOLVED IN THE ACTIVITIES SUBJECT TO CERTIFICATION OF THE TRAINING ACTIVITY

TOTAL EMPLOYEES (specify n°)	EMPLOYEES FULL TIME				EMPLOYEES PART TIME		
	Executives	Administrative	Tutors/Coordinators	Teachers	Administrative	Tutors/Coordinators	Teachers

LIST OF ACTIVE OR SCHEDULED COURSES

N°	DESCRIPTION (type of course and/or activity subject to possible sampling, location)	Distance from Seat (Km)	Progress of work carried out (%)

**TRAINING ACTIVITIES
DISBURSED IN THE LAST YEAR**

N° OF COURSES	NUMBER OF HOURS OF TRAINING	N° TEACHERS

TRANSFER OF THE CERTIFICATE FROM ANOTHER ACCREDITED CERTIFICATION BODY

REASON FOR TRANSFER: _____

TO CARRY OUT THE TRANSFER, THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED:

- COPY OF THE CERTIFICATE FOR WHICH THE TAKEOVER IS REQUESTED
- LAST CERTIFICATION OR RENEWAL REPORT, SUBSEQUENT SURVEILLANCE REPORTS AND RELATED FINDINGS AND NON-CONFORMITIES
- NON-CONFORMITIES REPORTED BY THE ISSUING CERTIFICATION BODY NOT YET CLOSED
- ANY COMPLAINTS AND RELATED CORRECTIVE ACTIONS TAKEN
- AUDIT PLANS AND PROGRAMME

THE ABSENCE OF EVEN ONE OF THE ABOVE DOCUMENTS WILL RESULT IN THE NON-APPLICATION OF THE TAKEOVER PROCEDURE. THEREFORE, THIS REQUEST WILL HAVE THE EFFECT OF A REQUEST FOR INITIAL CERTIFICATION.

AUTENTICERT WILL INFORM THE TRANSFEROR CAB OF THE TRANSFER OF THE CERTIFICATION AND FORMALLY REQUEST THE TRANSFEROR CAB TO CONFIRM THE VALIDITY OF THE CERTIFICATE FOR WHICH THE TRANSFER HAS BEEN REQUESTED.

DATE, SIGNATURE OF THE LEGAL REPRESENTATIVE AND STAMP OF THE COMPANY

DATE:

STAMP AND SIGNATURE OF THE LEGAL REPRESENTATIVE:

THE PRIVACY POLICY AND YOUR CONSENT, PLEASE REFER TO MOD.23-PRIVACY POLICY, TO BE ATTACHED TO THIS DOCUMENT.

For more information on the rules and requirements for certification, please read the regulations available on the website:

<https://autenticert.com/>