	APPLICATION FORM OF CERTIFICATION	Document No	FR-01
		Issue Date	15.02.2010
		Revision No	22
		Revision Date	03.12.2024

SECTION TO BE COMPLETED BY THE APPLICANT ORGANIZATION							
Application Date							
Company Name							
Company Address							
Please fill in the FR-140 Multiple Application Form for other addresses (Site, Branch, Plant,). A separate form must be completed for each unit.							
Tax Office				**Tax Number**			
Telephone Number				**Fax Number**			
Web sitte				**E-mail**			
Staff Number	Total	Management	White Collar Workers	Blue Collar Workers	Subcontractor	Part-time workers	
Shift Number		1. Shift	2. Shift	3. Shift			
		..... employee	..... employee	..... employee			
Scope (Please enter the phrase you want to see on certificate) (If it is requested, please enter the scope also in English)							
Management representative name and surname and position in the company		**Management representative Telephone number and E-mail**					
Requested System Standard	TURKAK ACCREDITATION ( ) NON-ACCREDITED ( ) (TÜRKAK Accreditation is valid for ISO 9001, ISO 14001, ISO 50001 and ISO 27001) (* Please confirm our Accreditation scopes on www.pca-tr.com)						

Service Requested Sytem Standard:

- ☐ **ISO 9001:2015**
- ☐ **ISO 13485:2016 ****
- ☐ **ISO 14001:2015***
- ☐ **ISO 45001:2018**
- ☐ **ISO 27001:2022****
- ☐ **ISO 10002:2018**
- ☐ **ISO 50001:2018****
- ☐ **ISO 22716:2007 (GMP)**
- ☐ **ISO 22000:2018**
- ☐ **Diğer**

***HACCP Plan Number:**

**Please fill out the relevant APPLICATION ADDITIONAL INFORMATION FORM so that your application can be processed.

Requested Audit Type:

- ☐ **Pre-Audit**
- ☐ **Certification** ☐ **Surveillance** ☐ **Re-certification**
- ☐ **Transfer**
- ☐ **Scope Changes**
- ☐ **Integrated**

Law, Regulations and Legislation should be obeyed: *Important Environmental Impacts:	

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Please complete the next column for Integrated Audit requests,:	1. Has the system documents been prepared integrated for ISO 9001 and ISO 14001? ☐Yes ☐No 2. Has Management Review meeting been held integrated for two systems ? ☐Yes ☐No 3. Has your Internal Audit been made integrated for two systems ? ☐Yes ☐No 4. Have your policy and objectives been prepared integrated for two systems ? ☐Yes ☐No 5. Has integrated documentation containing work instructions been prepared in your organization? ☐Yes ☐No 6. Are management support and tasks integrated? ☐Yes ☐No 7.Are improvement mechanisms integrated? (Corrective Action, measurements and Continuous Improvement) ☐Yes ☐No 8. Are risk management approaches integrated with the method for planning? ☐Yes ☐No	
if you have specify the activities to be performed in the shift		
Specify the Processes Performed in the Company. (Specify the Document Number/Revision of the Workflow Diagram.		
If there is, defined exterior processes. (Sub-production etc.)		
If there is, standard items excluded (for example: design)		
How long has the Management System been applied in your company?		
Do you have any valid management system certificate? If there is, taken from which company?		
If you prefer to transfer your certificate, please explain the reason?		
Does he need an interpreter during the examination?		
Name of person and/or company, if professional consultancy has been received.		
If you have agreement with your advisor please send us it with the application form	☐ YES /OUR CONSULTANT CONTRACT IS IN ATTACHMENT	☐ **NO /WE HAVE NO CONSULTANT CONTRACT**

I declare the currency and correctness of all the information given above, and accept the responsibility of the negative situations caused from the misinformation

Name Surname, Signature, Seal

Date

The person, whose technical opinion is received LA/A/TE	
Name Surname	
Date	
Signature	