# Application for certification of management systems

**Applicant's data** *(Fields marked with an asterisk are mandatory!)*

|  |  |
| --- | --- |
| \*Company name: |  |
| \*Company registration code: |  |
| \*Legal address, index, country: |  |
| Location address, index, country:  (*Fill in if different from legal address*) |  |
| \*Contact person: |  |
| \*Position: |  |
| \*Email: |  |
| \*Telephone: |  |
| Website address: |  |
| Invoice recipient contact person (CFO, accountant or other) |  |
| Invoice recipient contact email |  |

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**Service:**ISO 9001 Quality Management System Certification

ISO 14001 Environmental Management System Certification

ISO 45001 Occupational Health and Safety Management System Certification

Initial extension surveillance recertification

**3. Other information**

|  |  |
| --- | --- |
| Activities/products/services of the company: |  |
| Address of the actual location(s) for which certification is required: |  |
| Membership in a corporation: |  |
| Existence of subcontractors: |  |
| Total number of employees including administration and employees outside the workplace: |  |
| Number of shifts in the workplace |  |
| Occupational hazards (ISO 45001) (can be sent as a separate document): |  |
| Significant environmental aspects (ISO 14001) (can be sent as a separate document): |  |
| The presence of a risk analysis: |  |
| Desired audit time: |  |
| Consulting organisation: |  |
| Standard and other requirements: |  |
| Language of certificate(s): |  |
| Other information: |  |

I hereby confirm that:

* I have read and agree with the management system certification procedures of Kiwa Estonia OÜ ([*www.kiwa.com/ee*](file:///C:/Users/kristiine.kikas/Downloads/www.kiwa.com/ee));
* I submit any information necessary for the evaluation of Kiwa Estonia OÜ, the information provided by me is correct and true;
* I agree with the general terms and conditions of sale and contract of Kiwa Estonia OÜ <https://www.kiwa.com/ee/et/ettevottest/uldtingimused/> , I understand their content and undertake to comply with them.

*date name and positsion of the authorised person*