

APPLICATION FOR MS CERTIFICATION

HEADQUARTERS

24, El.Venizelou str, 153 41, Ag.Paraskevi
Tel.: +30210 6540195, Fax: +30210 6528025
e-mail: certification@tuvhellas.gr

THESSALONIKI BRANCH

20, Leontos Sofou, 570 01 Thermi
Tel.: +302310-428498, Fax: +302310-428458
e-mail: thessaloniki@tuvhellas.gr

CRETE BRANCH

Vasilika Vouton, 711 10 Heraclion
Tel.: +30 2810 391856-7, Fax: +302810 391858
e-mail: heraklion1@tuvhellas.gr

Company Details:

Name: _____
Address: _____ City: _____ P.C: _____
Tel.: _____ Fax: _____
Company's mail: _____ Applicant e-mail: _____
General Manager: _____ Management System Manager: _____ Consultant _____

Data for the Management System Evaluation and Certification:

a. Standard for Certification:

- | | | | | |
|--|---|-------------------------------------|--|--|
| <input type="checkbox"/> ISO 9001:2008 | <input type="checkbox"/> ELOT 1429 | <input type="checkbox"/> ISO 20000 | <input type="checkbox"/> BRC - IOP | <input type="checkbox"/> GRI Corporate Social Responsibility |
| <input type="checkbox"/> AS / EN 9100, 9110, 9120:2009 | <input type="checkbox"/> ELOT 1435 | <input type="checkbox"/> HACCP | <input type="checkbox"/> AGRO 2.1, 2.2 | <input type="checkbox"/> BS 25999:2006 |
| <input type="checkbox"/> ISO /TS 16949:2009 | <input type="checkbox"/> ELOT 1433 | <input type="checkbox"/> ISO 22000 | <input type="checkbox"/> AGRO 3.1, 3.2, 3.3, 3.4 | <input type="checkbox"/> ISO 13485 |
| <input type="checkbox"/> ISO 14001 | <input type="checkbox"/> ISO 29990:2010 | <input type="checkbox"/> FSCC 22000 | <input type="checkbox"/> GlobalGap | <input type="checkbox"/> MEDICAL (ΦΕΚ) |
| <input type="checkbox"/> EMAS | <input type="checkbox"/> EN 15038:2006 | <input type="checkbox"/> IFS | <input type="checkbox"/> Organic Products | <input type="checkbox"/> ISO 22716 |
| <input type="checkbox"/> EN 16001:2010 | <input type="checkbox"/> ISO 27001 | <input type="checkbox"/> BRC | <input type="checkbox"/> Traceability | <input type="checkbox"/> FSC Chain of Custody |
| <input type="checkbox"/> OHSAS 18001 / ELOT 1801 | <input type="checkbox"/> SA 8000 | <input type="checkbox"/> QS | <input type="checkbox"/> FAMI - QS | |

b. Scope of Certification (as it will be written on the certificate):

c. Products / Products Categories / Services

d. Suggested Audit Date

e. Legal or other normative requirements relevant to the Company's operation / products / services:

f. Other Information:

Number of sites: _____ Shifts (if applicable): _____

Number of employees (involved in the management system) _____

Other Site Address	Number of employees (involved in the management system)		Comments
	Permanent	Seasonal	

g. Additional necessary information (equipment, special activities, member of Group of Companies, important subcontractors, already certified management System etc.)

Request for: Offer Meeting Other

Contact Person

Tel.: _____ Fax: _____ E-mail: _____

Date: _____ Stamp / Signature: _____

APPLICATION FOR MS CERTIFICATION

HEADQUARTERS

24, El.Venizelou str, 153 41, Ag.Paraskevi
Tel.: +30210 6540195, Fax: +30210 6528025
e-mail: certification@tuvhellas.gr

THESSALONIKI BRANCH

20, Leontos Sofou, 570 01 Thermi
Tel.: +302310-428498, Fax: +302310-428458
e-mail: thessaloniki@tuvhellas.gr

CRETE BRANCH

Vasilika Vouton, 711 10 Heraclion
Tel.: +30 2810 391856-7, Fax: +302810 391858
e-mail: heraklion1@tuvhellas.gr

Please send this fax or e-mail to the offices in: Athens, Thessaloniki, Crete