



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: _____

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: _____

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: _____

Language of Audit: _____ Translator Available? (if language of audit is other than English): Yes No

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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: _____