



# INTERNATIONAL CERTIFICATION AUTHORITY

## APPLICATION FORM

<b>Date of Application</b>							
<b>Name of the Company</b>							
<b>Address</b>							
<b>Website, Email and Phone number</b>							
<b>No of Sites</b>							
<b>Site Address</b>							
<b>Contact Person Name and Designation</b>							
<b>Legal Status</b>		Company: Private <input type="checkbox"/> Public <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Govt Undertaken <input type="checkbox"/> PSU <input type="checkbox"/> NGO <input type="checkbox"/> Other <input type="checkbox"/>					
<b>Statutory and Regulatory Requirement</b>							
<b>Accreditation Required</b>							
<b>Certification Scheme</b>		ISO 9001:2015 <input type="checkbox"/>		ISO 14001:2015 <input type="checkbox"/>		ISO 45001:2018 <input type="checkbox"/>	
		ISO 22000:2018 <input type="checkbox"/>		ANY OTHER <input type="checkbox"/>			
<b>Scope of Certification</b>							
<b>Exclusion if any</b>		<b>Clause</b>		<b>Justification</b>			
<b>Outsourced Process, If any</b>							
<b>No. of Employees</b>	<b>Location</b>	<b>Shifts</b>	<b>Full Time</b>	<b>Part time</b>	<b>Performing Same type of Job</b>	<b>Temporary Unskilled workers</b>	<b>Effective No. of Employees</b>
	Site 1						
	Site 2 (Temporary)						
	TOTAL						
<b>Other Type of Employees (If Any):</b>							
{Details of personnel working away from the organisation's premises}							
<b>Certification Program Required</b>		Initial <input type="checkbox"/>		Surveillance <input type="checkbox"/>		Recertification <input type="checkbox"/>	
						Transfer <input type="checkbox"/>	
<b>Combined Audit</b>		In the case of several certification programmes, would you like the audits to be Combined or carried out separately? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is yes, please specify which combination of Standards:					
		Is Internal Audit is Combined: <input type="checkbox"/> Yes <input type="checkbox"/> No					
		Is MRM is Combined: <input type="checkbox"/> Yes <input type="checkbox"/> No					
		Is Manual, Procedures are Combined: <input type="checkbox"/> Yes <input type="checkbox"/> No					
		Is Implemented System is Integrated: <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Is Already Certified for any Standard</b>		Yes <input type="checkbox"/>		No <input type="checkbox"/>			
		If Answer is Yes Mention Name of the Standard:					
<b>Is Consultants Involved</b>		Yes <input type="checkbox"/>		No <input type="checkbox"/>			
		If Answer is Yes Mention Name of the Consultants:					
<b>Key Business Process Involved</b>							
<b>How To Reach at Site</b>							
<b>Manual Date</b>							
<b>Internal Audit Date</b>							



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<b>MRM Date</b>			
<b>Additional Information Required</b>			
<b>EMS</b>	How many Sites the company is Managing at the same time?		
	Do you have Register of Significant Environment aspect? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have an Environmental Management Manual? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have an Internal Environmental Audit Programme? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the Internal Environmental Audit Programme been implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Relevant legal obligations coming from the applicable EMS legislation{Write all the Applicable Legal w.r.t. EMS-Mandatory};			
<b>FSMS</b>	HACCP Implementation or Study Conducted: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	No of HACCP Studies ..... No of Sites.....		
No of Process Lines: .....			
Processing is Seasonal <input type="checkbox"/> Continuous <input type="checkbox"/>			
<u>In Case Seasonal is applicable then please provide the following information:</u>			
1. Description of Process/Activities Performed in Season:			
2. Time Period of Season {E.g. Month of the Season}:			
<b>OHSMS</b>	Hazard's Identified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Detail any critical occupational health & safety risks identified?		
	Identification of the main hazardous materials used in the processes;		
Relevant legal obligations coming from the applicable OH&S legislation{Write all the Applicable Legal w.r.t. OHSMS-Mandatory};			
<b>DECLARATION:</b> The above information is true to the best of my knowledge and belief and I am authorized to provide such information on behalf of the company.			
<b>Name</b>		<b>Designation</b>	<b>Signature</b>
<b>ICA Official Use</b>			
<b>Can the Application Proceed for Application Review:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Name of Application reviewer</b>		<b>Signature</b>	<b>Date</b>

\*Delete or leave whichever is not applicable