Application for certification/recertification of Management System

To: Director General of Russian Maritime Register of Shipping (RS)

Please carry out a certification/recertification of Management System for compliance with the requirements of:

|  |
| --- |
|  |

We hereby declare:

**1. Details of Organization**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full organization name | |  | | | | | |
|
|
|
| The organization is a current client or intends to become the RS client regarding  other services | | | | | |  | Yes / No |
| Legal address | |  | | | | | |
| Actual address | |  | | | | | |
| Telephone | |  | | Fax |  | | |
| e-mail | |  | | www |  | | |
| Bank details | |  | | | | | |
|  |  | |
|  | |
| Managers' full names and positions | | | | | | | |
|  | | | | | | | |
| Full name and position of person acting as Management Representative | | | | | | | |
|  | | | | | | | |
| Full name and position of contact person | | | | | | | |
|  | | | | | | | |
| Telephone | |  | | Fax |  | | |
| e-mail | |  | |

**2. Organizational chart[[1]](#footnote-1) and number of personnel within management system**

|  |  |  |  |
| --- | --- | --- | --- |
| Total staff amount: |  | The number of the employees entering area of certification |  |
| Number of seasonal employees |  | Average workload of seasonal employees |  |
| Standard working hours |  | Number of shifts |  |

Additional information on branches[[2]](#footnote-2) (production sites) of the Organization

|  |  |  |  |
| --- | --- | --- | --- |
| Address or name of a production site |  |  |  |
| The contact person on a production site |  |  |  |
| Main kind of activity |  |  |  |
| Number of shifts |  |  |  |
| Standard working hours |  |  |  |
| Total staff amounrt: |  |  |  |
| Number of the personnel for calculation of duration of audit (Filled by RS) |  |  |  |

**3. Details of Management System** (specify month and year)

|  |  |  |
| --- | --- | --- |
| MS is implemented in Organization (not less, than in 3 months before 2 stage of certification) | |  |
| The analysis of MS is carried out | |  |
| At least one full cycle of internal audits is carried out | |  |
| Proposed scope of certification (production and/or service and stages of life cycle)[[3]](#footnote-3) |  | |
| If it is applicable, exceptions from certification scope [[4]](#footnote-4) |  | |
| Are the any outsourcing processes used in your Organization(specify which) |  | |
| In case if any consultants (individuals and organizations) were involved by you for development and implementation of your MS please name their contact information |  | |

**During the last three years MS was certified by:**

|  |  |  |  |
| --- | --- | --- | --- |
| № | Certification body | Standard | № of certificate |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**4. Suggested audit dates and additional requirements to service**

|  |  |
| --- | --- |
| Suggested audit dates for carrying out of 1 stage of certification |  |
| Suggested audit dates for carrying out of 2 stage of certification/recertification |  |

**Other requirements or wishes, which have to be considered by RS [[5]](#footnote-5)**

|  |
| --- |
|  |

Head of

Organization

(position) (name) (signature)

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please, attach organization chart of your Organization to this application [↑](#footnote-ref-1)
2. If you have more than three branches we kindly ask you to provide information on all branches in the attachment on a single sheet. [↑](#footnote-ref-2)
3. For example: design, production and sale of industrial sewing machines; [↑](#footnote-ref-3)
4. Specify for each type of production/service, what requirements of the standard are excluded (for example, see item 1.2 ISO 9001) [↑](#footnote-ref-4)
5. [↑](#footnote-ref-5)