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| **ANNEX 4** **TO APPLICATION FOR VALUATION OF CERTIFICATION COSTS AT PCBC S.A.*****After completing the Application by the CUSTOMER - proprietary information***

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| **POLISH CENTRE FOR TESTING AND CERTIFICATION**469 Puławska Street; 02-844 Warsaw+48 22 464 52 00 / e-mail: pcbc@pcbc.gov.pl | **MANAGEMENT SYSTEM CERTIFICATION DEPARTMENT**e-mail: sprzedaz@pcbc.gov.pl |

 |

**applies to a MULTI-SITES ORGANIZATION**

1. **ORGANIZATION**

|  |  |
| --- | --- |
| Name of the Organization according to the registration document |       |

1. **CHARACTERISTICS OF MULTI-SITES ORGANIZATION**

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| --- |
| 1. Does the Organization have a Head Office where processes/activities carried out in branches are planned, supervised and manager?: YES [ ]  NO [ ]
2. Are all branches legally or contractually associated with the Head Office and covered by a single (or integrated) management system established, implemented, continually supervised and subject to internal audits by the central function? YES [ ]  NO [ ]
3. Is the Head Office authorised to require branches to implement corrective actions/corrections/preventive actions if needed in any of the branches? YES [ ]  NO [ ]
4. Total number of locations covered by a single (or integrated) management system (including the Head Office):
 |

1. **LOCATIONS and EXPECTED SCOPE OF CERTIFICATION / RE-CERTIFICATION**

*(provide* ***ALL LOCATIONS*** *with full name of the branch/site/affiliate etc. of location covered by the process – provide scope of certification/re-certification for each of these locations; if it is identical for all locations -provide only 1 time and in other lines provide* ***as above)***

**LOCATION NO: 1 – HEAD OFFICE**

|  |  |
| --- | --- |
| Name and address *(street / number and post code / city)* |       |
| SCOPE OF CERTIFICATION in relation to the type of activities, products and/or services, unambiguous and not misleading:E.g. Design, manufacture, sale and service of passenger cars; Conducting educational and training activities in the form of a course. **SCOPE:**      *NOTE: If the range is different for each system, please indicate the range for each standard.**NOTE:**The following entries will be verified annually during surveillance audits to make up-dates on certificates if needed.* |

**EMPLOYMENT STRUCTURE** *(provide* ***figures*** *for date of filling out the Application)*

**Personnel working in the area covered by the management system submitted for certification:**

|  |
| --- |
|  full-time employees on a full-time basis:       |

|  |  |
| --- | --- |
| employed for contract of mandate / contract of task-specific work / contract etc. not included above:       | temporary staff / average time per year (in months) not included above:       |

|  |
| --- |
| people carrying out similar processes / activities (in all forms of employment):        |

**SHIFTS WORK SYSTEM / REPEATABILITY OF PROCESSES CARRIED OUT ON DURING THE SHIFTS**

|  |
| --- |
| We declare that: |
| Work takes place in the system: | [ ]  1- SHIFTworking hours:I shift (from … to … )       | [ ]  2- SHITFworking hours:I shift (from … to … )      II shift (from … to … )       | [ ]  3-SHIFTworking hours:I shift (from … to … )      II shift (from … to … )      III shift (from … to … )       |
| Other:       |
| Shift processes are repeatable and supervised in the same way on each shift: | [ ]  YES | [ ]  NO | If NO, please list important differences:      |

**LOCATION NO:**

|  |  |
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***Attach additional pages - reproduce page 2 and number the sites consecutively***

 **4. APPLICATION REVIEW – TO BY FILLED IN BY THE PCBC**

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| PCBC | BCO |  |  |  |

 No. month year  |