**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](mailto:pcbc@pcbc.gov.pl) | **MANAGEMENT SYSTEM CERTIFICATION DEPARTMENT**  e-mail: sprzedaz@pcbc.gov.pl |

**MANAGEMENT SYSTEMS CERTIFICATION**

1. **ORGANIZATION**

|  |  |
| --- | --- |
| Name of the Organization according to the registration document |  |
| VAT identification number |  |
| registered address  *(street and zip-code, city)* |  |
| correspondence address \*  *(street and zip-code, city)*  *\* Specify if other than registered* |  |
| addresses of **all locations** (including registered office/head office, if applicable) covered by the management system(s) | Organization having 2 or more locations please complete annex 4 |
| addresses of **temporary locations** (places where you temporarily conduct activities covered by the scope of certification, e.g., temporary construction sites, medical mobile sites) | Data as of the date of filling out the application |
| Identification, type/type, number, location (town) of **other locations** (places where operational activities resulting from the scope of certification are carried out, e.g., unmanned points, important elements of field infrastructure, etc.). |  |

1. **REPRESENTATIVES OF THE ORGANIZATION**

|  |  |
| --- | --- |
| Representative [President / Owner]  *(name / surname / tel. / e-mail)* |  |
| Management Representative for System(s)  *(name / surname / tel. / e-mail)* |  |
| Authorized contact person  *(name / surname / tel. / e-mail)* |  |

1. **PURPOSE OF THE APPLICATION’S SUBMISSION** *(tick the appropriate) /* **EXPECTED DATE OF AUDIT**

***NOTE: When entering the certification process, the Organization should have completed internal audits and conducted a Management Review.***

|  |  |  |  |
| --- | --- | --- | --- |
| initial certification  *(month – year):* | surveillance  *(month – year):* | re-certification  *(month – year):* | transfer of accredited certification \*  *(month – year):*  \* *Please attach current certificates and form FBC-46* |

1. **APPLIED SYSTEM(S) / REQUIRED ANNEXES** *(tick and enclose the appropriate)*

|  |  |  |
| --- | --- | --- |
|  | **Apply system(S)** | **Required annexes** |
|  | EN ISO 9001:2015 | - |
|  | EN ISO 13485:2016 | annex no 1 |
|  | other: |  |

1. **THERE ARE REQUIREMENTS NOT APPLICABLE (so-called EXEMPTIONS FROM SYSTEM)** *(tick the appropriate)*

|  |  |
| --- | --- |
| YES *(provide with reasons):* | NO |

1. **EMPLOYMENT STRUCTURE** *(provide* ***figures*** *for date of filling out the Application)*
   1. **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: | employed as temporary personnel / average time per year (in months) not included above: |

|  |  |
| --- | --- |
| Persons carrying out similar processes / activities (under all forms of employment): |  |

* 1. **Shifts work system / repeatability of processes carried out on during the shifts**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| We declare that: | | | | |
| Work takes place in the system: | 1- SHIFT  working hours:  I shift (from … to … ) | | 2- SHITF  working hours:  I shift (from … to … )  II shift (from … to … ) | 3-SHIFT  working 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: | |

1. **INTEGRATION OF SYSTEMS**

*(tick the appropriate, in case of selection of* ***minimum 2 systems******in point 4*** *of the Application)*

|  |
| --- |
| Integration of management systems refers to (tick minimum 1 option or select NO if not applicable, i.e. no integration of systems):  integrated documentation file management reviewsinternalaudits policy and objectives  mechanisms of improvement(corrective and preventive actions, measurement and so-called continual improvement)  other, e.g. support and responsibilities of management  **NO** (no integration of systems) |

**8. OUTSOURCED PROCESSES**

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| --- |
| processes outsourced by the Organization  **NO**  **YES** |
| **NOTE:** if there are outsourced processes in your Organization that may affect conformity with requirements of system(s) (e.g., specific manufacturing processes, packaging, storage of raw material/finished product), please **specify** them |
| Please **provide the number of personnel** performing outsourced processes: |

**9. EXPECTED SCOPE OF CERTIFICATION / RE-CERTIFICATION / CLASSIFICATION OF ACTIVITY**

|  |
| --- |
| SCOPE OF CERTIFICATION (applies to all activities of the Organization submitted to the certification process).  Include main processes, i.e., activities (e.g., design, production of products or provision of services to external customers).  Support, support or management processes should not be given in the scope of certification.    ***NOTE:*** *The scope should be consistent with the document describing the scope of the Organization's management system, and should be worded*  *unambiguous and not misleading.*  *E.g. Design, manufacture, sale and service of passenger cars. Conducting educational and training activities in the form of courses.*  ***NOTE:*** *If the scope is different from one system to another, please specify the scope for each standard.* |

**10. FACTORS RELATED TO PERFORMED ACTIVITY** *(tick all applicable)*

|  |
| --- |
| multilingualism of the audited organization/multilingualism of documentation (the need to include a translator in the audit team)  significant amount of legislation regulating nature of the Organization activity (e.g. food, air transport, nuclear power, medicines etc.)  few kinds of products / services manufactured / provided by organization  activity includes technologically highly complex processes or large amount of single processes  the area of the plant / organization is very large in relation to the number of personnel (e.g. forest)  area of plant is very small in relation to the number of employees (e.g. only one facility, office)  the staff consists of people working "off site" (e.g. salespeople, drivers, service personnel, etc.)  high degree of automation of activities in the organization |

**11. IMPLEMENTATION / MAINTENANCE AND IMPROVEMENT OF THE SYSTEM(S)**

*(information required to ensure the impartiality of the certification process)*

|  |
| --- |
| on its own  consulting company *(provide the name of the consulting company and name and surname of the consultant)*    Date (mm.yyyy) of termination of the consulting company's services  **NOTE:** In the absence of a date, the certification body shall assume that the Organization continues to use the services of a consulting company. |

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**The Controller of your personal data is POLSKIE CENTRUM BADAŃ I CERTYFIKACJI S.A.**

**(POLISH CENTRE FOR TESTING AND CERTIFICATION), 469 Puławska St., 02-844 Warsaw, hereinafter referred to as PCBC.**

Fulfilling the obligation arising from the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27.04.2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46/EC (General Data Protection Regulation) hereinafter referred to as GDPR - please be informed that:

**The Controller will process your data for the purposes of:**

* if you are a applicant, your personal data indicated in the initial part of the application addressed to PCBC will be treated as data necessary to prepare an offer to conclude a certification contract or extend the validity of the certificate and their provision is mandatory in order to determine and verify your identity, and thus document the contract concluded in writing (legal basis Article 6.1.b of the GDPR)
* if you are a person representing the applicant indicated in the introductory part of the application, your data will be processed for the purpose of determining and verifying the entitlement to represent the entity (legal basis Article 6.1.f of the GDPR),
* if you are a person designated by the applicant indicated in the initial part of the application for contacts in connection with the submitted application, your data will be processed in order to properly recognize this application and ensure ongoing contact during its consideration (legal basis for processing (legal basis for processing - Article 6.1.f  of the GDPR),
* in order to possibly determine, pursue or defend claims related to the business activity conducted by PCBC (legal basis - Article 6.1.f of the GDPR).

Your personal data may be disclosed to entities authorized by law, e.g. control and supervisory authorities.

Your personal data may also be disclosed to processing entities in connection with the performance of contracts concluded by PCBC S.A., under which they have been entrusted with personal data processing, including e.g.: IT service providers, companies providing legal services, external auditors.

**How long will we process your data?**

Your personal data will be processed for the duration of the examination of the application and for archiving purposes specified in specific regulations such as the Act on the National Archival Resources and Archives.

**What are your rights?**

You have the right to:

* access your personal data and receive a copy of the personal data undergoing processing;
* rectify your incorrect data;
* request the deletion of data (the right to be forgotten) in the event of circumstances provided for in Article 17 of the GDPR;
* request the restriction of data processing in the cases indicated in Article 18 of the GDPR;
* object to the processing of data in the cases indicated in Article 21 of the GDPR;
* transfer your data, in accordance with Article 20 of the GDPR.

If you believe that personal data is processed unlawfully, you may lodge a complaint with the supervisory body (UODO, Stawki 2, 00-193 Warsaw).

**Contact**

If you need additional information related to the protection of personal data or exercise your rights, please contact: Data Protection Officer: [iod@pcbc.gov.pl](mailto:iod@pcbc.gov.pl) POLSKIE CENTRUM BADAŃ I CERTYFIKACJI S.A. (POLISH CENTRE FOR TESTING AND CERTIFICATION), with its registered office in Warsaw (02-844) at 469 Puławska Street.

I declare that the information provided in the Application and required Annexes is correct and truthful and that I am aware of the responsibility for making a false statement.

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**12. APPLICATION SUBMITTED BY**

|  |  |  |
| --- | --- | --- |
| Name and surname Applicant |  | Company seal / Full company name |
| Date and signature of the applicant |  |

***PCBC guarantees the confidentiality of the data contained in this Application in accordance with the accreditation requirements for certification bodies according to EN ISO/IEC 17021-1***

**13. REGISTRATION OF THE APPLICATION – TO BY FILLED IN BY THE PCBC**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Person verifying the Application in the PCBC     |  |  |  |  |  | | --- | --- | --- | --- | --- | | PCBC | BCO |  |  |  |   no. month year  **date / signature** |