

ISO 13485 Application Form



SECTION A: COMPANY DETAILS

Company Name	
Company Registration Number	
Company VAT Number	
Company Address	
Province/Region	
Country	
Company Telephone Number	

Company Representative Details

Representative Name	
Designation/Title	
E mail Address	
Contact Number	

Representative Name	
Designation/Title	
E mail Address	
Contact Number	

Certification Standard

<input type="checkbox"/> ISO 13485		
<input type="checkbox"/> Legal Manufacturer	<input type="checkbox"/> Authorized representative	<input type="checkbox"/> Importer/Distributor
<input type="checkbox"/> Other – <i>please specify:</i>		

<input type="checkbox"/> Initial Application	
<input type="checkbox"/> Renewal - <i>current certificate expires on:</i>	
<input type="checkbox"/> Transfer - <i>due to the following reasons:</i>	

Current Management system certifications in place.	ISO 9001	<input type="checkbox"/>	ISO 14001	<input type="checkbox"/>	ISO 45001	<input type="checkbox"/>	
	SANS 1395-1(RTMS)	<input type="checkbox"/>	ISO 3834	<input type="checkbox"/>	ISO 22000	<input type="checkbox"/>	
Other certifications or management systems.							
Are systems integrated?	No	<input type="checkbox"/>	Partially	<input type="checkbox"/>	Fully	<input type="checkbox"/>	
Has any consultancy relating to the management system to be certified been provided?							
Language to be used during audit process.							
Translator required for Audit	Yes			<input type="checkbox"/>	No		<input type="checkbox"/>
Target Date for Audit							

SECTION B: AUDIT SCOPE & COMPANY PROCESSES

Audit Scope <i>(to be confirmed by technical review by JC Auditors)</i>	
Products & Services Provided <i>(Please detail the products you produce and /or the services and activities you provide)</i>	
Subcontracted Activities	
Functions centrally managed by a head office	

Number of Employees

Number of employees within organization:		Other associated employees <i>(if applicable)</i> :	
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Multi-Site Certification

How many sites will be certified in total:	
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Site Name & Address	Activities Description

Document No.	Revision No.	Date
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Transfer of Certification *(only applicable for transfer of certification)*

Current Certification body			
When is the transfer planned?	Within the current certification cycle	<input type="checkbox"/>	At re-certification
Recertification Date			
What are the reasons of the transfer?			
Please provide certificate and audit reports from previous audits (including non-conformances) with previous certification body.			