

To: NIPPON KAIJI KYOKAI

Date: _____

APPLICATION FOR MANAGEMENT SYSTEM AUDIT

I, the undersigned applicant, request the NIPPON KAIJI KYOKAI, to provide the certification services as described below in accordance with the "Rules for Certification of the Management Systems".

Kind of Audit	<input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Renewal <input type="checkbox"/> Occasional (due to: _____)			
	<input type="checkbox"/> Transfer of Management System Certification (Name of Existing Certification Body: _____)			
Applicable Standards	<input type="checkbox"/> ISO 9001:2015	<input type="checkbox"/> ISO 14001:2015	<input type="checkbox"/> ISO 45001:2018	<input type="checkbox"/> OHSAS 18001:2007
	<input type="checkbox"/> JIS Q 9001:2015	<input type="checkbox"/> JIS Q 14001:2015	<input type="checkbox"/> JIS Q 45001:2018	
	<input type="checkbox"/> ISO 50001:2018	<input type="checkbox"/> ISO 39001:2012	(If you apply for different kinds of audits for multiple applicable standards, please apply for the audits for each applicable standard.)	
	<input type="checkbox"/> JIS Q 50001:2019			
Name and Address	Certification No.: _____ (No entry for Initial Audit)			
	Organization Name: _____			
	Address : _____ (*)			
	Top Management:			
	Name _____ Position _____			
	Management Representative for Management System: (when available)			
	Name _____ Position _____			
Scope of Certification	Person in Charge:			
	Name _____ Position _____			
	Tel. _____ Fax. _____			
	E-Mail _____			
	(Please fill in an appropriate organization or departmental e-mail address.)			
(Refer to description of existing certificate)				
Number of Personnel (involved in the scope of certification)	* No. of People _____ (including part-time worker, temporary worker, cooperative company worker etc.)			
	Application of Shift Work <input type="checkbox"/> : No <input type="checkbox"/> : Yes (Please fill out the attachment 1 with details.)			
Expected Date of Audit	_____			
Contract with Consultant	<input type="checkbox"/> : No <input type="checkbox"/> : Yes Name of Consultant: _____			
Information for Management System Documents	(Please fill in the title, document number, revision number and or revised date, etc.)			
Remarks	_____			

*; Please fill out the attachment 1 about details of each site. (Name & address of sites, scope, number of people etc.)

Applicant & Billing address : as stated below : as stated above

- Organization _____

- Tel. No. _____ Fax. No. _____

- Name & Position _____

- Signature _____

(Attachment)

Note: Please use the latest version downloaded from ClassNK website (<http://www.classnk.or.jp/>), then fill out completely and file with ClassNK.

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Sites included in the scope of certification (Please fill out about all sites.)

No.	Details of Each Site (☑ : check the appropriate box.)		
1	Name of Site:	Address	
		Scope of Certification	
	Number of people in the site: () Persons	Shift Work : <input type="checkbox"/> Not applied <input type="checkbox"/> Applied	Type of shift: <input type="checkbox"/> 2-shift <input type="checkbox"/> 3-shift <input type="checkbox"/> Others ()
	Approx. number of cooperative company worker among mentioned above: () Persons	(Please fill out the right column with details)	*Number of shift worker: () Persons
			Kind of shift work: () Kind of work of each shift : <input type="checkbox"/> Same <input type="checkbox"/> Different Level of control of each shift: <input type="checkbox"/> Same <input type="checkbox"/> Different
2	Name of Site:	Address	
		Scope of Certification	
	Number of people in the site: () Persons	Shift Work : <input type="checkbox"/> Not applied <input type="checkbox"/> Applied	Type of shift: <input type="checkbox"/> 2-shift <input type="checkbox"/> 3-shift <input type="checkbox"/> Others ()
	Approx. number of cooperative company worker among mentioned above: () Persons	(Please fill out the right column with details)	*Number of shift worker: () Persons
			Kind of shift work: () Kind of work of each shift : <input type="checkbox"/> Same <input type="checkbox"/> Different Level of control of each shift: <input type="checkbox"/> Same <input type="checkbox"/> Different
3	Name of Site:	Address	
		Scope of Certification	
	Number of people in the site: () Persons	Shift Work : <input type="checkbox"/> Not applied <input type="checkbox"/> Applied	Type of shift: <input type="checkbox"/> 2-shift <input type="checkbox"/> 3-shift <input type="checkbox"/> Others ()
	Approx. number of cooperative company worker among mentioned above: () Persons	(Please fill out the right column with details)	*Number of shift worker: () Persons
			Kind of shift work: () Kind of work of each shift : <input type="checkbox"/> Same <input type="checkbox"/> Different Level of control of each shift: <input type="checkbox"/> Same <input type="checkbox"/> Different
4	Name of Site:	Address	
		Scope of Certification	
	Number of people in the site: () Persons	Shift Work : <input type="checkbox"/> Not applied <input type="checkbox"/> Applied	Type of shift: <input type="checkbox"/> 2-shift <input type="checkbox"/> 3-shift <input type="checkbox"/> Others ()
	Approx. number of cooperative company worker among mentioned above: () Persons	(Please fill out the right column with details)	*Number of shift worker: () Persons
			Kind of shift work: () Kind of work of each shift : <input type="checkbox"/> Same <input type="checkbox"/> Different Level of control of each shift: <input type="checkbox"/> Same <input type="checkbox"/> Different

*Example: In case of 2-shift with 15 persons each, please fill out 30 persons in this column.

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This attachment can be used only for the following cases and submitted to the NIPPON KAIJI KYOKAI (ClassNK) together with the application form.

- 1) When the organization submits the application for the Initial Audit.
- 2) When the organization requests to amend or change the description of the certification.

Kind of Certificate	In case of ISO 9001	<input type="checkbox"/> Request for Certificate with NK Registration Mark <input type="checkbox"/> Request for Certificate with NK Registration Mark and JAB Accreditation Symbol* <input type="checkbox"/> Request for Certificate with NK Registration Mark and RvA Accreditation Mark*
	In case of ISO 14001	<input type="checkbox"/> Request for Certificate with NK Registration Mark <input type="checkbox"/> Request for Certificate with NK Registration Mark and JAB Accreditation Symbol*
	In case of ISO 39001, ISO 45001, ISO 50001 or OHSAS 18001	<input type="checkbox"/> Request for Certificate with NK Registration Mark
(*Products & Activities and Scope for certification to the Accreditation Board (JAB) and (RvA) are limited to the extent of their accredited ClassNK.)		
Description in English	Organization Name	<hr/> <hr/> <hr/>
	Address	<hr/> <hr/>
	Scope of Certification	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

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Attached Documents	<p>Common</p> <ul style="list-style-type: none"> <input type="checkbox"/> Manual of management system (MS) <input type="checkbox"/> List of procedures, instructions and others relating to MS <input type="checkbox"/> Organization's outline (general features of organization, significant aspects of its process and operations, and any relevant legal obligations;) <input type="checkbox"/> Business and Service activities (general information, relevant for the field of certification applied for, concerning the applicant organization, such as its activities, human and technical resources, functions and relationship in a large corporation, if any;) <input type="checkbox"/> Other referenced documents to MS () <p>In case of Transfer of Management System Certification</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of latest management system certificate <p>In case of ISO 9001</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inventory of products to QMS <input type="checkbox"/> Ships inventory subject to QMS (only Ship management organization) <p>In case of ISO 14001</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documents relating to evaluation of Environment Aspects <input type="checkbox"/> Environmental management programme(s) <input type="checkbox"/> Document relating to Legal requirements applied to EMS <p>In case of ISO 39001, ISO 45001, ISO 50001 or OHSAS 18001</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documents relating to evaluation of risks <input type="checkbox"/> Management programme(s) <input type="checkbox"/> Documents relating to Legal and other requirements applied
Remarks	

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