

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 <b>attachment 1</b> 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 : as stated below : as stated above

& Billing address - 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.*

To: NIPPON KAIJI KYOKAI

Date: \_\_\_\_\_

**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.

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

To: NIPPON KAIJI KYOKAI

Date: \_\_\_\_\_

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 <b>NK Registration Mark</b> <input type="checkbox"/> Request for Certificate with <b>NK Registration Mark and JAB Accreditation Symbol*</b> <input type="checkbox"/> Request for Certificate with <b>NK Registration Mark and RvA Accreditation Mark*</b>
	In case of ISO 14001	<input type="checkbox"/> Request for Certificate with <b>NK Registration Mark</b> <input type="checkbox"/> Request for Certificate with <b>NK Registration Mark and JAB Accreditation Symbol*</b>
	In case of ISO 39001, ISO 45001, ISO 50001 or OHSAS 18001	<input type="checkbox"/> Request for Certificate with <b>NK Registration Mark</b>
(*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	_____
	Address	_____
	Scope of Certification	_____

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

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

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