



## Application for calculation of certification costs

All details shall be considered by PCC-CERT Sp. z o.o. Sp. k. (PCC) confidential.  
The application should be sent by electronic or traditional mail to PCC's office:

- e-mail: [biuro@pcc-cert.pl](mailto:biuro@pcc-cert.pl)  
PCC-CERT Sp. z o.o. Sp. k.  
ul. Sportowa 29, 55-040 Kobierzyce

### 1 INFORMATION ABOUT ORGANIZATION UNDER CERTIFICATION

Full name of the company			
Headquarters address (code, street, city)			
Tax ID Number			
Contract number (Telephone/ e-mail)			
A person authorized to conclude contracts	Name and surname e-mail: phone:		
The person responsible for the system	Name and surname e-mail: phone:		
Scope of certification:			
Standard:		Audit:	<input type="checkbox"/> Certification <input type="checkbox"/> Re-certification <input type="checkbox"/> Supervisory I/ II
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Are there any exclusions in your organization (regards certification of quality systems)?	<input type="checkbox"/> - YES <input type="checkbox"/> - NO If YES, please list them.:		

Number of employees (including seasonal, temporary and contract staff) full-time equivalents.	
Number of employees performing similar activities involved in production / services.	
Number of employees - management staff	
Number of employees at the subcontractor (if its activity is covered by the scope of certification).	
Number of shifts	
List of locations covered by certification (Name, address)	Employment
Scope of certification (if different for the location)	
1	
2	
3	

Realized processes	
Processes outsourced.	
Technical resources (eg technologies, types of machines)	
Legal requirements regarding organization	



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The proposed date of certification	
Is the management system already certified (If YES, please name the certification body, address, no. of certificate and kind of system)	<input type="checkbox"/> - YES <input type="checkbox"/> - NO
Did you use the services of an advisor, consultant during the implementation of the management system?	<input type="checkbox"/> - YES <input type="checkbox"/> - NO If YES, please name the company, person (name and surname).

<b>PERSON COMPLETING THE QUESTIONNAIRE:</b>	
Name and surname of the person completing the questionnaire:	
Position:	
Date, Authorization:	

I agree to the processing and profiling of personal data by PCC-CERT sp. z o.o. sp. k. with headquarters in Kobierzyce, ul. Sportowa 29 in order to prepare and send the offer and fulfill the contract.

I agree to the processing and profiling of personal data by PCC-CERT sp. z o.o. sp. k. with headquarters in Kobierzyce, ul. Sportowa 29 in order to send marketing content.

Please be advised that your consent may be revoked at any time by sending an e-mail to [biuro@pcc-cert.pl](mailto:biuro@pcc-cert.pl).

**2 REVIEW OF APPLICATION**

To be completed by PCC

On the basis of the review conducted of information included in the application (and any supplementary information) it was established that:

- information obtained from the Applicant is sufficient to conduct certification
- the Applicant has been provided with certification requirements
- all differences in understanding of the issues between PCC and the Applicant have been resolved
- PCC possesses competences and capabilities of conducting certification
- PCC has taken into consideration the scope of certification, location of the Applicant, time needed to conduct audit, language, threats to impartiality

**BRANCH codes:**

**DECISION:**

**Certification of the Applicant:**

- Is possible       - Is not possible

Explanation, in the case when it is not possible to conduct certification

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 .....

Date, Authorization: \_\_.\_\_.\_\_, \_\_\_\_\_

Date, Authorization\*: \_\_.\_\_.\_\_, \_\_\_\_\_



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\*applies to a technical expert when required