## Specification of activity

|  |  |
| --- | --- |
| **Applicant:** | Name / Business name, Address |

|  |  |
| --- | --- |
| Conformity Assessment Body: | Name, Address |

Workplaces of Certification Body, where certification activities are exercised (workplaces, where key activities are exercised, are marked with star):

| **№** | Name and address of workplace |
| --- | --- |
|  |  |
|  |  |
|  |  |

Accreditation Certificate No.\*):

*\*) fill in only in the case of the application for reaccreditation or extension of accreditation.*

**Specification of activity:**

| **Item** | **Code** | | **Name of activity** |
| --- | --- | --- | --- |
| **EA** | **NACE \*** |
|  |  |  |  |
|  |  |  |  |

*\* Classification according to the Official Journal of the European Union L 393*

*Fill in the table according to MSA-CS/01.*

## Specification of activity: ISO 22000

| **Item** | **Cluster \*** | **Category \*** | | **Subcategory \*** | |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*\* Classification according to ISO/TS 22003: 2013*

*Fill in the table according to MSA-CS/01.*

## Specification of activity: ISO 13485

| **Item** | **Main technical area \*** | **Technical area** |
| --- | --- | --- |
|  |  |  |
|  |  |  |

*\* Classification according to MSA-CS/13*

*Fill in the table according to MSA-CS/01.*

## Specification of activity: ISO 50001

| **Item** | **Technical area \*** |
| --- | --- |
|  |  |
|  |  |

*\* Classification according to ISO 50003*

*Fill in the table according to MSA-CS/01.*

Statement

I hereby state that I am authorized to submit this application in the name of the organization I represent and that information mentioned in it are true and correct.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: |  | Signature: |  | | |
| Name and surname: | | |  |
| Post: | |  | |