## Specification of activity

Applicant: Business name

Adress, Post code, City, registration number

Name of workplace 1, Adress, Post code, City[[1]](#footnote-1)

Name of workplace 2, Adress, Post code, City

Accreditation Certificate No.[[2]](#footnote-2)

## Specification of activity: ISO 9001, ISO 9001+ISO 3834, SFCS, ISO 14001, ISO 45001, ISO/IEC 27001, ISO 37001, ISO/IEC 20000-1, ISO 22301, Other[[3]](#footnote-3)

| **Item** | **Code** | | **Name of activity** |
| --- | --- | --- | --- |
| **EA** | **NACE[[4]](#footnote-4)** |
|  |  |  |  |
|  |  |  |  |

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

## Specification of activity: ISO 22000

| **Item** | **Cluster[[5]](#footnote-5)** | **Category**5 | | **Subcategory**5 | |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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

## Specification of activity: FSSC 22000

| **Item** | **Cluster** 5 | **Category** 5 | | **Subcategory** 5 | |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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

## Specification of activity: ISO 13485

| **Item** | **Code** | **Main technical area[[6]](#footnote-6)** | **Technical area** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

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

## Specification of activity: ISO 50001

| **Item** | **Technical area[[7]](#footnote-7)** |
| --- | --- |
|  |  |
|  |  |

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

## Specification of activities: ZSPS 01: 2024 "Requirements for bodies performing audit and certification of the management system of the contractor of reserved buildings. Management system requirements Rev. (0)"

| **Item** | **Code** | **Main technical area[[8]](#footnote-8)** | **Technical area** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

*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: |  |
| Name and surname: |  |
| Post: |  |

1. Workplaces of Certification Body, where certification activities are exercised (workplaces, where key activities are exercised, are marked with star) [↑](#footnote-ref-1)
2. Fill in only in the case of the application for reaccreditation or extension of accreditation. [↑](#footnote-ref-2)
3. Select and copy as needed [↑](#footnote-ref-3)
4. Classification according to the Official Journal of the European Union L 393 [↑](#footnote-ref-4)
5. Classification according to ISO 22003-1: 2022 [↑](#footnote-ref-5)
6. Classification according to MSA-CS/13 [↑](#footnote-ref-6)
7. Classification according to ISO 50003 [↑](#footnote-ref-7)
8. Classification according to MSA-CS/01 [↑](#footnote-ref-8)