

APPLICATION FORM

NORSK Ltd.,

Institution/Company
Name:

Contact Name:

Job Title:

Telephone (Office):

Primary Email:

Telephone (Mob):

Was a Consultant used:

Yes

No

Website:

Name of Consultant if Used:

Please indicate how you would prefer your
ongoing Surveillance visits to be scheduled

Annually

6 Monthly

Please indicate Standards applied for:

ISO 9001

SSIP

ISO 14001

PAS 43

ISO 45001

NHSS 17

ISO 27001

NHSS 17B

Other (specify)

Type of Application:

New Application

Re-Application

Extension to Scope

Transfer Application

Reason to Transfer to PQAL

List any other Certifications your company holds

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NORSK Ltd.,

Please provide the Scope of your business. Include reference to designing, manufacturing, services, sales, products.

Please note that Scopes should not reference ISO Standards or Names

What do you consider to be the Primary Processes and Functions of your business?

Staff Numbers per site, covered within Scope

Are all the Company Primary Processes and Functions of the Scope Conducted Remotely?

Yes

☐

No

☐

Addresses/Sites to be Certified (add lines if required):

Primary Processes and Functions of the Scope Conducted at each Address:

		Total Staff	Full Time	Part Time	Sub-Contract

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NORSK Ltd.,

If there are a high number of employees performing certain identical activities, please provide further details of activities and numbers

Activity/Process	No of Employees Engaged in this Activity/ Process	Please only complete if Applying for ISO 27001			
		No of Employees with read-only access to information to perform their duties	No of Employees with no access to the information processing facilities in scope of the ISM	No of Employees who have specific demonstrable restricted access to the company's information processing facilities in Scope of the ISM	No of Employees who perform activities where strict limitations are implemented to restrict disclosure of information

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NORSK Ltd.,

If applying for more than one standard please indicate the level of Integration of your Management Systems (X)

Do you have integrated Management System Documentation	
Do you hold integrated Management System Management Reviews	
Do you conduct integrated Management System Internal Audits	
Do you have integrated Management System Policies/Objectives	
Do you have integrated Management System Processes	
Do you have integrated Management System Corrective Actions	
Do you have integrated Management System Staff Responsibilities	

Please provide information about any Business Relationships your company may have

Please provide information about the Technical Resources required by your company, to perform the Activities referenced above

If your company performs any work at customer-owned sites please provide detailed information about the nature of this work, including reference to the current number of customer sites being operated at

Number of Temporary Customer Sites

If your company subcontracts/outsources any work out to contractors, sub-contractors or any third party, please provide detailed information about the nature of the subcontracted/outsourced work and the type and extent of controls to be applied in order to ensure that the externally provided functions or processes do not adversely affect the effectiveness of the Management System

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NORSK Ltd.,

Please ensure that all of the Company’s Recovery Vehicles are recorded below

Company Addresses	Number of Recovery Vehicles at each Company Address

Working on Controlled Roads

☐

Working on Highway Construction Sites

☐

Please indicate your Primary Categories for Vehicle Removal and Vehicle Recovery (X)

Motorcycles

☐

Passenger Cars and Light Commercial Vehicles

☐

Heavy Commercial Vehicles

☐

Coaches and Buses

☐

Specialist Vehicles

☐

For NHSS 17B only, please indicate your reasons for Storage of Vehicles (X)

For Police Purposes

☐

For Protection of Evidence

☐

For Highway Authorities

☐

If you have selected Highway Authorities, please list these Highways Authorities

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NORSK Ltd.,

Please complete this page if Applying for ISO 14001

Please provide details of the significant Environmental Aspects you have identified within your company

Emissions to Air	
Water Pollution	
Use of Energy	
Resource Consumption	
Waste Storage Treatment & Handling	
Hazardous Waste	
Energy Emissions (e.g. Heat, Noise)	
Human Health	
Flora and Fauna	
Others	

Please provide details of any neighbouring sites or residential areas on which you may have an impact, including reference to sites of environmental, conservation or special scientific interest

Please provide detailed information about any past or pending prosecutions or enforcement notices against your company for Environmental issues

APPLICATION FORM

NORSK Ltd.,

Please complete this page if Applying for **ISO 45001**

Please provide details of the key hazards and Health and Safety risks associated with processes, the main hazardous materials used in the processes

Please provide details of any relevant legal obligations coming from the applicable Health and Safety legislation that you have identified within your company

Please indicate whether members of the public are present on your organisation's site (e.g. hospitals, schools, airports, ports, train stations, public transport)

Please indicate whether your rate of accidents and occupational diseases is higher or lower than average for your business sector

Please provide detailed information about any past or pending prosecutions or enforcement notices against your company for Health and Safety issues

Do you require SSIP with your ISO 45001 Certification?

Yes

☐

No

☐

If Yes, please indicate which SSI Approved Categories your company falls under

Principal Contractor

☐

Principal Designer

☐

Non-Construction

☐

Contractor

☐

Designer

☐

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Please complete this page if Applying for **ISO 27001**

1 Establishment of your ISMS (Please select one of the following):

- ☐ Our ISM has been partially implemented and is yet to be Certified
- ☐ Our ISM has been fully implemented and is yet to be Certified
- ☐ Our ISM has been fully implemented and is already Certified

2 Computers, Telecoms, Finance, Security Printing/Stamping, Military, Healthcare, Aerospace, Rail, Human Safety Critical (Please select one of the following):

- ☐ Our Company works in one of the above business sectors
- ☐ Our Clients work in one of the above business sectors
- ☐ Neither our Company, nor our Clients work in one of the above business sectors

3 Processes, Products and Services (Please select one of the following):

- ☐ Our Company provides a high number of products and services, with unique complex processes
- ☐ Our Company provides a high number of products and service, with standard but non-repetitive processes
- ☐ Our Company provides a limited number of products and services, with standard and repetitive processes

What is the Version of your ISM Statement of Applicability?

4 IT Platforms, Servers, Operating Systems, Databases, Networks (Please select one of the following):

- ☐ Our Company has many different IT platforms, servers, operating systems, databases, networks
- ☐ Our Company has several different IT platforms, servers, operating systems, databases, networks
- ☐ Our Company has only a few highly standardised IT platforms, servers, operating systems, databases, networks

5 Dependency on Outsourcing and Suppliers (Please select one of the following):

- ☐ Our Company has high a dependency on outsourcing or suppliers, with a large impact on important business activities
- ☐ Our Company has some dependency on outsourcing or suppliers, related to some (but not all) business activities
- ☐ Our Company has little or no dependency on outsourcing or suppliers

6 System/Application Development (Please select one of the following):

- ☐ Our Company has extensive in-house or outsourced system/application development, for important business purposes
- ☐ Our Company has some in-house or outsourced system/application development, for some business purposes
- ☐ Our Company has very limited in-house system/application development

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FINAL CONFIRMATION OF DETAILS AND APPLICATION

I hereby confirm that the details recorded above are true and correct (to the best of my knowledge) and that I have reviewed and agree to abide by the Terms and Conditions

I also confirm that my company have not received any training or other services (except for certification) within the previous two-year period

Name

Position in the Company

Date

Should NORSK Ltd., be Required to Conduct any Audits Remotely, please tick to indicate your acceptance of the following:

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