|  |  |  |  |
| --- | --- | --- | --- |
| Date of request: |  | Name of organisation: |  |
| Initiated by: |  | ISO Standard(s): |  |
| Position within company: |  | Certification number(s): |  |

***Please tick below the reason for the change request and complete the associated questions for the amendment(s)***

|  |  |  |
| --- | --- | --- |
| 1 | **Change of address** |  |
| 2 | **Change of scope of management system** |  |
| 3 | **Change of scope on the certificate** |  |
| 4 | **Change of business/organisation name** |  |
| 5 | **Change in employee numbers** |  |

1. **Change of address –** *which of the following applies (please tick).*

*Please note a change of address may require further audit activity.*

|  |  |
| --- | --- |
| **a. administrative correction (e.g. typographical errors)** |  |
| **b. change of premises** |  |

1. **Change of scope of Management System –** *which of the following applies (please tick).*

*Please note a change in the scope of the management system may require further audit activity.*

|  |  |
| --- | --- |
| **a. change in registered scope wording** |  |
| **b. additional locations** (please also complete Q. 5) |  |
| **c. removal of locations** |  |
| **d. change of activities carried out** |  |
| **e. major changes to the management system and processes** |  |

1. **A change of scope on the certification –** *(which of the following applies (please tick).*

*Please note a change in the scope of the management system may require further audit activity.*

|  |  |
| --- | --- |
| **a. addition of new standards** *(please complete new application form)* |  |
| **b. integration of standards** |  |

1. **Change of business / organisation name –** *which of the following applies (please tick)*

|  |  |
| --- | --- |
| **a. new name** |  |
| **b. change in group structure** |  |
| **c. use of trading name** |  |
| **d. changes in the legal, commercial, organisational status or ownership** |  |

1. **Increase of total employee numbers or employees at additional location identified in section 2b**

*Please use breakdown table*

|  |  |
| --- | --- |
| **TOTAL =**  |  |

 ***For multiple additional sites, please use additional sheet***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Worker Classification** | **Total number** | **Shifts worked (if applicable)** | **Office based** | **Site based** | **Other comments that you feel may assist us in calculating the audit time** |
| Office Administration |  |  |  |  |  |
| Top Management |  |   |  |  |  |
| Manufacturing Staff |  |  |  |  |  |
| Service Staff |  |  |  |  |  |
| Construction Workers |  |  |  |  |  |
| Other (specify) |  |  |  |  |  |
| **TOTALS** |  |  |  |  |  |

 *Please use below table for comments regarding the change request:*

|  |
| --- |
|  |

|  |
| --- |
| *By completing and returning this form, I confirm that I have requested the modification of changes as referenced above, and I accept the administration charge of £50 to be invoiced by Advanced Certification Limited at the point of form submission.****Please note that there is no charge for any changes made prior to signing a new contract with AC at reaudit.*** |
| **Name** |  | **Position** |  |
| **Signature** |  | **Date** |  |

|  |
| --- |
| **AC Office use only** |
| Certificate number |  | Date change processed |  |
| Received by |  | Invoice issued |  |
| Date received |  | Date |  |