



CERTIFICATION BODY LICENSE APPLICATION

FSSC 24000

Thank you for your interest in applying for a Certification Body (CB) license with the FSSC Scheme Services B.V

In order to start with the application process, we kindly request that you fill out all the applicable sections of this Application Form as completely and accurately as possible and to submit it with the required documentation. ***If a section is not applicable, please mark N/A. Incomplete forms and/or submissions unaccompanied by the required documentation will be returned.***

For further information related to the licensing requirements, please refer to Part 4, section 2.1 of the FSSC 24000 Scheme, current valid version.

	Date of Application:	
SECTION A : CONTACT INFORMATION		
CERTIFICATION BODY GENERAL INFORMATION		
CB full name		
CB short name (if applicable)		
Site address (Street, zip code, city, province, country)		
Postal address (PO Box, zip code, city, province, country)		
General phone number		
General email address		
Website		
LEGAL REPRESENTATIVE OF THE ORGANIZATION		
Title (Mr./ Mrs.)		
Full Name		
Job Title/Job Function		
Email address		
Direct phone number		
Direct cell phone number		
FSSC 24000 CONTACT (FSSC 24000 SCHEME PART 4, 2.2.1)		
Title (Mr./ Mrs.)		
Full Name		
Title/role		
Email address		
Direct phone number		
Direct cell phone number		

SECTION B : CB Financial Information	
CB name on invoice	
Postal address for FSSC 24000 invoices	
E-mail address for sending invoices	
Registered Business Number (e.g., Chamber of Commerce)	
VAT number (or sales tax equivalent)	
Certificate of Residence	
Is a Certificate of Residence required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Purchase Order (PO) Number	
Does your CB provide a PO number for invoices? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Financial contact person	Title (Mr./Ms./ Mrs.)
	Name & Surname
	Email
	Tel Number (<i>Incl. country code</i>)

SECTION C: CB OPERATION			
BACKGROUND INFORMATION			
Reason for application: What is the CB's motivation for applying for a FSSC 24000 License Agreement with the Foundation FSSC?			
How did you become acquainted with the FSSC 24000 Scheme?			
Does your organization hold a FSSC 22000 license agreement with the Foundation?			
In case you held a previous license agreement with the Foundation, please specify the following:	Previous License	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Date of Termination		
	Reason For Termination		
Potential bias or conflict of interest .	Is any person within or affiliated with your organization linked, either directly or indirectly, with the Foundation FSSC?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes above, please explain in which capacity.			

RESOURCES: CB PERSONNEL				
DETAILS OF THE FUNCTIONS THAT WILL BE THE MAIN CONTACT FOR THE FOLLOWING KEY ROLES:				
Role	Responsibility	Name & Surname	Email	
Database (Portal) Main/Primary Superuser(s)	<ul style="list-style-type: none"> Uploading and registering Certified Organizations' information. Provide access to additional portal users 			
QMS Representative	FSSC related documentation			
Market and Sales representative	Liaison with FSSC Market Development			
ORGANIZATION				
Current Accreditation	Standard		Date Granted	Accreditation Body Name
	ISO/IEC 17021-1	<input type="checkbox"/>		
	ISO 9000	<input type="checkbox"/>		
	ISO 14000	<input type="checkbox"/>		
	OSHAS 18000			
What other Social Responsibility certification schemes are offered by your organization				
Is your CB an APSCA Member Firm and do you have at least one APSCA approved auditor to CSCA level?	YES <input type="checkbox"/>		NO <input type="checkbox"/>	
	If NO , has your organization already applied to become and APSCA Member firm? YES/ NO DATE OF APPLICATION :			
	For further information, please consult APSCA Website: https://www.theapsca.org/faqs/ We require APSCA approved auditors as a pre-requisite in the Scheme, including that the CB shall be an APSCA member firm.			
Do you have at least one APSCA approved auditor to CSCA level?	YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Multiple Accreditation:	YES <input type="checkbox"/>		NO <input type="checkbox"/>	

<p>Do you have offices that hold a different accreditation than the one held by the Head Office.</p>	<p>If YES, specify the offices and the other accreditation(s) in the tables of Location Detail below.</p>	
<p>QMS: Does the CB have a centralized quality management system (QMS) applicable to all offices?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>MARKET REACH</p>		
<p>Please indicate the regions in which the CB is currently active (tick all that apply):</p>		
<p>Asia</p>	<p><input type="checkbox"/></p>	
<p>Africa</p>	<p><input type="checkbox"/></p>	
<p>Eastern Europe</p>	<p><input type="checkbox"/></p>	
<p>Western Europe</p>	<p><input type="checkbox"/></p>	
<p>Australia/ NZ</p>	<p><input type="checkbox"/></p>	
<p>North America (Canada, USA)</p>	<p><input type="checkbox"/></p>	
<p>Latin America / Central South America (Mexico, Brazil, Argentina, Chile, Etc.)</p>	<p><input type="checkbox"/></p>	
<p>Middle East (Incl. Türkiye)</p>	<p><input type="checkbox"/></p>	

LOCATIONS: WHOLLY OR PARTIALLY OWNED						
<p>Please enter in this section the information regarding the locations which are wholly or partly owned by the CB that is currently performing or managing key and non-key management system certification activities on behalf of the accredited CB.</p> <p>Kindly only use the Legend of Activities* stated below and include all applicable locations.</p> <p>Please include the head office with whom the Foundation's License Agreement will be signed.</p> <p><i>License Agreements can only be signed with the main location holding the accreditation.</i></p>						
HEAD OFFICE/MAIN LOCATION						
Office Name	Address (Street, postcode, city)	Country	Number of staff	Accreditation Body(ies)	Activities performed*	
* Legend for Activities	(PF) Policy formulation (PD) Process or procedure development (AQ) Process and approval of auditors' qualification (TR) Technical review (CR) Contract review and approval (CD) Certification decision (OT) Other: non-key activities (sales, marketing, communication, planning and execution of audits, selection and allocation of qualified auditors to perform audits, etc.)					
OTHER LOCATION(S)						
Office Name	Address (Street, postcode, city)	Country	Number of staff	Accreditation Body(ies)	Activities performed*	Critical location YES/NO
*Legend for Activities	(PF) Policy formulation (PD) Process or procedure development (AQ) Process and approval of auditors' qualification (TR) Technical review (CR) Contract review and approval (CD) Certification decision (OT) Other: non-key activities (sales, marketing, communication, planning and execution of audits, selection, and allocation of qualified auditors to perform audits, etc.)					

LOCATIONS DETAILED: OUTSOURCED ACTIVITIES					
Please enter in this section the information regarding the entities performing and/or managing key and non-key management system certification activities on behalf of the accredited Certification Body. <i>Kindly only use the Legend of Activities* stated below and include all applicable locations.</i>					
Details of Outsourced Certification Activities (Subcontracting to a different legal entity) – ISO/IEC 17021-1, clause 7.5):					
Subcontractor Legal Name	Address <small>(Street, postcode, city)</small>	Country	Number of staff	Accreditation Body(ies)	Activities performed*
*Legend for Activities	(PF) Policy formulation (PD) Process or procedure development (AQ) Process and approval of auditors' qualification (TR) Technical review (CR) Contract review and approval (CD) Certification decision (OT) Other: non-key activities (sales, marketing, communication, planning and execution of audits, selection, and allocation of qualified auditors to perform audits, etc.)				
Note: Certification Decision cannot be outsourced as per ISO/IEC 17021-1 requirements					

SECTION D: SECTOR APPLICATION		
SELECT ONE OR MORE OF THE BELOW		
Processing & Manufacturing: Food	<input type="checkbox"/>	Food products (including petfood), beverages
Processing and Manufacturing: Non-Food	<input type="checkbox"/>	Textiles, Clothing & Leather; Chemical Industry Other Industries
Other Related Services	<input type="checkbox"/>	Wholesale & Retail trade (incl. Agents and brokers and E-commerce); Hotels and Restaurants Transport and Storage Other services (employment activities, cleaning services) Other social services (waste management, pest control services)

SECTION E: LOGISTICS FOR OFFICE ASSESSMENTS				
LOGISTICS INFORMATION TO BE USED IN THE FOUNDATION OFFICE ASSESSMENT PLANNING				
Main Office Address (if different from Head Office):				
	Airport (international)	Main train station	Local train station	Suggested nearby Hotel
Name				
Location/ Address				
Locally Accredited Office Address (if any):				
	Airport (international)	Main train station	Local train station	Suggested nearby Hotel
Name				
Location/ Address				
Locally Accredited Office Address (if any):				
	Airport (international)	Main train station	Local train station	Suggested nearby Hotel
Name				
Location/ Address				

SECTION F: DOCUMENTATION TO BE SUBMITTED	
DOCUMENTATION REQUIRED (IN ENGLISH) TO BE SUBMITTED WITH THIS APPLICATION	
Document	Confirmed by CB
Copy of ISO/IEC 17021-1 Accreditation (current version)	<input type="checkbox"/>

SECTION G: APPLICATION SUBMISSION	
APPLICATION COMPLETED BY:	
Name & Surname:	
Function/ Title:	