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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Corporate Name** | | | |  | | | | | | | | | | | |
| **Corporate Address** | | | |  | | | | | | | | | | | |
| **Corporate Website** | | | |  | | | | | | | | | | | |
| **NAICS / SIC / IAF Code(s)** | | | |  | | | | | | | | | | | |
| **Company Scope**  *Description of products and services. What does your company do?* | | | |  | | | | | | | | | | | |
| **Accredited certifications sought** | | | | ISO 9001:2015 | | | | ISO 20000-1:2018 | | | | | | ISO 27001:2022 | |
| **For the applicable standard, indicate type of audit / certification** | | | | Initial certification  Recertification  Transfer certification | | | | Initial certification  Recertification  Transfer certification | | | | | | Initial certification  Recertification  Transfer certification | |
| **Other services or non-accredited certifications sought** | | | |  | | | | | | | | | | | |
| **Significant aspect of process and operation**  *List key operations and business processes that each of the management systems selected above is intended to support.* | | | | | | | **ISO 9001:** | | | | N/A | | | | |
| **ISO 20000-1:** | | | | N/A | | | | |
| **ISO 27001:** | | | |  | | | | |
| **Management System Processes & Procedures total count** *For those within the scope of the desired certification(s). There must be a total count for each selected management system from the check boxes above.* | | | | | | | **ISO 9001:** | | | | N/A | | | | |
| **ISO 20000-1:** | | | | N/A | | | | |
| **ISO 27001:** | | | |  | | | | |
| **Management System Internal Processes & Procedures (Listed out)**  *If you currently have a list of internal processes and procedures that support the management system(s) please provide here. IF NOT, keep this in mind as it may be requested in the future* | | | | | | |  | | | | | | | | |
| **Management System Outsourced Processes (Yes/No)**  *Does your management system(s) currently utilize any outsourced processes? If yes, please list those processes* | | | | | | |  | | | | | | | | |
| **FOR ISO 20000-1 APPLICANTS ONLY:** | | | | | | | | | | | | | | | |
| **In-scope Services – Internal**  *List all in-scope services that are sourced internally within your organization.* | | | | | | |  | | | | | | | | |
| **In-scope Services – Outsourced**  *List all in-scope services that are sourced externally for your organization.* | | | | | | |  | | | | | | | | |
| **FOR ISO 27001 APPLICANTS ONLY:** | | | | | | | | | | | | | | | |
| **Data Center Location**  *Internal Requires On-Site inspection* | | | Internal | | | | | | | External | | | | | |
| Address:  POC: | | | | | | | Address:  POC: | | | | | |
| **Total number of secured rooms/closets?** | | | | | | |  | | | | | | | | |
| **ISO 27002 Control Exclusions**  *What controls does your company claim exclusion on?* | | |  | | | | | | | | | | | | |
| **Executive Management Sponsor** | | | | | | | **Management System Representative** | | | | | | | | |
| **Name** |  | | | | | | **Name** | |  | | | | | | |
| **Title** |  | | | | | | **Title** | |  | | | | | | |
| **Phone** |  | | | | | | **Phone** | |  | | | | | | |
| **Email** |  | | | | | | **Email** | |  | | | | | | |
| **Date when the Management System(s) implementation was/were completed?** | | | | | | |  | | | | | | | | |
| **External organization(s) / individual(s) performing or assisting with implementation?**  *Indicate any consultants used. Provide company and POC name(s). This is done to identify possible conflicts of interest with OPG.* | | | | | | |  | | | | | | | | |
| **Special Considerations:**  **(health, safety, or security)** | | | | |  | | | | | | | | | | |
| **Applicable Statutory or Regulatory Considerations** | | | | |  | | | | | | | | | | |
| **Multiple locations and/or facilities?**  *Provide location/facility name, address, POC Name, POC Phone, POC Email.* | | | | |  | | | | | | | | | | |
| **Multiple Entities intended to utilize certification credentials**  *Provide entity names* | | | | |  | | | | | | | | | | |
| **Scope of Management System Certification and Registration**  *Define the intended scope of your organization’s management system. If you are applying for multiple certifications, each may have a different scope; if so, define each.* | | | | | | | **ISO 9001:** | | | | | N/A | | | |
| **ISO 20000-1:** | | | | | N/A | | | |
| **ISO 27001:** | | | | |  | | | |
| **Total Number of Employees**  *If you are applying for multiple certifications, indicate number of employees under the scope of each. Include full time, part time, consultants, and temporary staff.* | | | | | | | **ISO 9001:** | | | | | N/A | | | |
| **ISO 20000-1:** | | | | | N/A | | | |
| **ISO 27001:** | | | | |  | | | |
| **Exclusions to Management System Requirements**  *Include clause identification for each standard being pursued for certification.* | | | | | | |  | | | | | | | | |
| **Preferred Certification Audit dates** | | | | | | |  | | | | | | | | |
| **Additional information that may be helpful** | | | | | | |  | | | | | | | | |
| **Completed by** | | **Name:** | | | |  | | | | | | | **Phone:** | |  |
| **Email address:** | | | |  | | | | | | | | | |