



## CERTIFICATION REQUEST

FORM: A&FO\_01  
Rev. 04  
29<sup>th</sup> August 2025

### COMPANY DETAILS

**Mandatory: Please attach Company Legal Document**

Attached

COMPANY NAME	▶
HEAD OFFICE ADDRESS	▶
VAT NUMBER	▶
SECTOR OF ACTIVITIES * <i>* Description with ATECO/NACE codes with reference to the Company Legal Documentation</i>	▶
COMPANY MANAGER	▶
TELEPHONE NUMBER	▶
E-MAIL	▶
WEBSITE	▶
NAME OF THE MANAGEMENT SYSTEM MANAGER	▶

**Mandatory: Please attach the designation of the management system manager**

Attached

### CERTIFICATION'S REQUEST

<input type="checkbox"/> FIRST CERTIFICATION
<input type="checkbox"/> RICERTIFICATION
<input type="checkbox"/> SURVEILLANCE TRANSFER
<input type="checkbox"/> SCOPE'S EXTENSION
<input type="checkbox"/> SCOPE'S REDUCTION
<input type="checkbox"/> OTHER

### CERTIFICATION' SCHEME

<input type="checkbox"/> ISO 9001
<input type="checkbox"/> ISO 14001
<input type="checkbox"/> ISO 45001
<input type="checkbox"/> ISO 27001
<input type="checkbox"/> OTHER

### SCOPE OF THE CERTIFICATION - SUBJECT OF THE CERTIFICATE

▶

**PRESENCE OF OTHER CERTIFICATION SCHEMES**

Are other ISO schemes implemented in the organization?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>
Is the management system for which certification is requested part of an Integrated Management System (IMS)? If so, what other schemes is it integrated with?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>
<b>Factors for calculating and adjusting audit time - IAF MD 11 2023</b>			
Is there any intention to proceed with an integrated audit?  <input type="checkbox"/> YES <input type="checkbox"/> NO  <i>Answer the questions on the side only if you intend to proceed with an integrated audit.</i>	If so, what is the estimated level of integration? (scale from 0% to 100%)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>
	If so, van the organization's staff answer questions that relate to more than one management system standard?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>
	If so, does the management system show effective integration between the standards?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>
	<b>Integration level verification - integration features</b>		
	Integrated documentation (manuals, procedures, operating instructions)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>
	Management reviews that consider the overall strategy and business plan	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>
	Integrated approach to internal audits	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>
	Integrated policies and objectives	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>
	Integrated system processes	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>
	Integrated improvement mechanisms (corrective/preventive actions, continuous improvement)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>
Integrated management support and responsibilities	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>	

**MAIN MANDATORY REGULATIONS**

<input type="checkbox"/> D.LGS. 81/2008
<input type="checkbox"/> D.LGS. 152/2006
<input type="checkbox"/> GDPR 679/2016
<input type="checkbox"/> DIRETTIVA (UE) NIS 2
<input type="checkbox"/> REGOLAMENTO (UE) 2017/745 – MDR - MEDICAL DEVICE REGULATION
<input type="checkbox"/> EMPLOYMENT CONTRACTS (CCNL'S CATEGORY)

OTHER

**NUMBER OF EMPLOYEES AND LOCATIONS TO BE CERTIFIED**

A. Total No. of employee	B. No. of employee out of Scope	C. No. of employee full time in Scope	D. No. of employee part time / contract worker in Scope	E. No. of employee FTE effective part time / contract worker in Scope *	F. Total effective number of employees involved in the certification cycle (C+E)
0	0	0	0	0	0

\* Enter the total number of part-time and contract employees converted to FTE (Full Time Equivalent). For example, if a full-time worker makes 40, a part-time worker who works 20 equals 0.5 FTE.

ADDRESS	CORE PROCESS / ACTIVITIES Description with ATECO/NACE codes	EFFECTIVE NUMBER OF EMPLOYEE If any part-time / contract worker, make proportion FTE	WORK SHIFTS Explain the details	SIMILAR WORK ONLY FOR CLAIMS REDUCTION Provide particular of the similar nature of work
<b>HEAD OFFICE / SITE</b>				
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>OPERATIONAL OFFICES / SITE (IF ANY)</b>				
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>TEMPORARY OFFICES / SITE (IF ANY)</b>				
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**OTHER INFORMATION FOR EACH ISO SCHEME**

<b>General information about the organization</b>		
Does the organization belong to a Group, Holding Company, Corporation, etc.?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>
<b>Information and Scope of the Management System</b>		
Is the management system currently implemented?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Mandatory: If yes, attach list of management system documents.</b> <input type="checkbox"/> Attached
Are there any requirements of ISO 9001 excluded? If so, what are the excluded requirements and what are the reasons for the exclusion?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>
Are there any processes / products / services / activities that are excluded from the scope of the management system? If so, what are and what are the reasons for the exclusion?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>
Are there any operational sites excluded from the scope of certification?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>



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Are the activities covered by the certification outsourced?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>
<b>Operational and logistical activities</b>		
Does the organization carry out activities in sites open to the public?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>
Are there workers operating outside the organization's premises?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>
Are there any activities or places with restricted access that require formal permission for entry?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>
<b>Health, safety and risks</b>		
Does the organization use dangerous substances and/or preparations?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>
Are there activities with a major accident risk?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>
Are there any activities that require fire checks?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>
Are there any legal obligations regarding occupational health and safety?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>
Have there been cases of occupational diseases contracted by employees?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>
Have there been any injuries in the last year? If so, what was the number of accidents recorded and of what nature?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>
<b>ONLY ISO 27001</b>		
Have there been any cases of cyber incidents in the last year? If so, how many were there and of what nature?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>

<b>ONLY ISO 27001</b>	
<b>ISO 27001 additional details</b>	No. of users:
	No. of server:
	No. of workstations, PCs and Laptops:
	No. of application development and maintenance staff:
	No. of networks:
	No. of Internet connections:

<b>ONLY ISO 27001</b>		
<b>SOA and critical asset information</b>		
<b>Mandatory: Please attach SOA – Declaration of applicability</b>		
<input type="checkbox"/> Attached		
Are there any exclusions in Annex A of ISO IEC 27001?	<input type="checkbox"/> YES- please specify <input type="checkbox"/> NO	
Specify exclusions in Annex A of ISO IEC 27001 (if any):		
Which are the sites where the critical assets are located for the purposes of certification of the managed processes, for example server and server location (indicate in the table below):		
<b>Asset / name / provider</b>	<b>Site / address</b>	<b>Processes / activity</b>

<b>Factors for calculating and adjusting audit time - ISO/IEC 17021-1:2015 – Annex D - Table D.1</b>				
<b>a) Complexity of the ISMS — Select level (1–3)</b>				
<i>How complex is your ISMS in terms of information security requirements, number of critical assets, and business processes?</i>				
<b>[1] Low / Reduced</b>	<b>[2] Medium / Normal</b>	<b>[3] High / Increased</b>	<b>Risk level</b>	<b>Please specify</b>
We handle little sensitive or confidential information, with low availability requirements. We have a few critical assets and one key business process with few interfaces.	We have higher availability requirements or handle some sensitive/confidential information. We own a few critical assets and 2-3 simple business processes with few interfaces.	We handle a large amount of sensitive or confidential information (e.g. healthcare, personal data, insurance, banks) or have high availability requirements. There are many critical assets and more than 2 complex processes with many interfaces and business units involved.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
<b>b) Type(s) of business performed within scope of the ISMS — Select level (1–3)</b>				
<i>What kind of business activities does your organization carry out in the context of the ISMS?</i>				
<b>[1] Low / Reduced</b>	<b>[2] Medium / Normal</b>	<b>[3] High / Increased</b>	<b>Risk level</b>	<b>Please specify</b>
We carry out a low-risk activity with no regulatory requirements.	We have high regulatory requirements.	Ours is a high-risk business with (only) limited regulatory requirements.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
<b>c) Previously demonstrated performance of the ISMS — Select level (1–3)</b>				
<i>What is the current state of performance of your ISMS?</i>				
<b>[1] Low / Reduced</b>	<b>[2] Medium / Normal</b>	<b>[3] High / Increased</b>	<b>Risk level</b>	<b>Please specify</b>
We are either recently certified or the ISMS is fully implemented by several audit and improvement cycles.	We have passed a recent surveillance audit or the ISMS is partially implemented with some available tools and partially documented improvement processes.	We have no recent certifications or audits. Our ISMS is new, not fully consolidated and the improvement processes are immature.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
<b>d) Extent and diversity of technology utilized in the implementation of the various components of the ISMS (e.g. number of different IT platforms, number of segregated networks) — Select level (1–3)</b>				
<i>What is the extent and diversity of the technology you use to implement the components of the ISMS?</i>				
<b>[1] Low / Reduced</b>	<b>[2] Medium / Normal</b>	<b>[3] High / Increased</b>	<b>Risk level</b>	<b>Please specify</b>
The environment is highly standardized and not very diversified (few IT platforms, servers, operating systems,	IT platforms, servers, operating systems, databases, and networks are standardized but diverse.	There is a high diversity or complexity of IT (e.g., many network segments, types of servers or databases, number of	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

databases, networks, etc.).		key applications).		
<b>e) Extent of outsourcing and third-party arrangements used within the scope of the ISMS — Select level (1–3)</b>				
<i>To what extent are outsourcing and third-party agreements used within the scope of your ISMS?</i>				
<b>[1] Low / Reduced</b>	<b>[2] Medium / Normal</b>	<b>[3] High / Increased</b>	<b>Risk level</b>	<b>Please specify</b>
There is no outsourcing or the dependency on suppliers is minimal. Outsourcing agreements are well defined, managed and monitored. The outsourcer has a certified ISMS or relevant independent warranty reports are available.	There are several partially managed outsourcing arrangements.	The reliance on outsourcing or vendors is high, with a big impact on important business activities. There are outsourcing agreements whose extent or scope is unknown, or there are several unmanaged outsourcing arrangements.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
<b>f) Extent of information system development — Select level (1–3)</b>				
<i>What is the extent of information systems development activities within your organization?</i>				
<b>[1] Low / Reduced</b>	<b>[2] Medium / Normal</b>	<b>[3] High / Increased</b>	<b>Risk level</b>	<b>Please specify</b>
There is no internal development of systems. We use standardized software platforms.	We use standardized software platforms with complex configurations / parameterizations. We develop (very) customized software. We have some development activities (in-house or outsourced).	We have extensive in-house software development activities, with several projects underway for important business purposes.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
<b>g) Number of sites and number of disaster recovery (DR) sites — Select level (1–3)</b>				
<i>How many Disaster Recovery (DR) locations and sites do you have?</i>				
<b>[1] Low / Reduced</b>	<b>[2] Medium / Normal</b>	<b>[3] High / Increased</b>	<b>Risk level</b>	<b>Please specify</b>
Availability requirements are low and we have no DR sites or only one.	Availability requirements are medium or high, and we have no or only one DR site.	Availability requirements are high, e.g. 24/7 services. We have several DR sites or different data centers.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
<b>h) The number and complexity of controls — Select level (1–3)</b>				
<i>What are the number and complexity of the controls implemented?</i>				
<b>[1] Low / Reduced</b>	<b>[2] Medium / Normal</b>	<b>[3] High / Increased</b>	<b>Risk level</b>	<b>Please specify</b>
The number of controls is lower than usual, with some common areas of control not included (e.g. no control over system development	The number and complexity of the checks are typical.	The number of detailed and complex checks is higher than usual (e.g. many checks related to network protocols or encryption).	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	



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or physical controls).

**ONLY ISO 27001**

**Other details useful for understanding the complexity of the IT system (please, describe) \***  
\* If not already mentioned above, for example number of IT users/users, number of servers, workstations, laptops, mobile devices, operating systems and databases used, number of software development and maintenance personnel, networks, infrastructures and cryptographic technologies in use, number and location of sites, including DR and cloud, specific industry risks or applicable regulations (e.g. GDPR, NIS2, etc.)

**Additional information**

Confidentiality required by your company for confidential or sensitive information?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>
Availability of access to organizational MS records for assessment / review?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>
Is all MS information / records can be made available for review to the Audit team?  In case of confidential or sensitive information can't be revealed to the Audit team, kindly specify: <ul style="list-style-type: none"> <li>type of information / records can't be disclosed to Audit team</li> <li>reason for non disclosure</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>
Language of Audit?		<i>Please specify</i>
Have you specific programme / timescale for achieving registration?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please specify</i>
Have you called on the services of a consultant?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify which one:	
	Name	
	Designation	
	Any information	