

APPLICATION HACCP / Codex Alimentarius Requirement corresponding to CXC 1-1969 Rev. 2023 Code: D09F01.1_APPLICATION Date: 01.03.2026 Version:3.0	
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CERTIFICATION APPLICATION

Completed by the Certification Body - 12Cert											
Date Of Submission					Customer Number	CODEX	/			/	

CLAUSE 1 : BUSINESS DETAILS (all fields must be completed)

Organization Name/ Legal Form												
Headquarters of the Organization												
Activities of the company												
Relationships with a larger company (if any)												
City, Regional Unit (Prefecture)												
Region								P.C.				
Telephone / Mobile							Registry No.					
Web site/ E-mail												
VAT											Tax Authority	
Other Certifications of Your Organization (e.g. ISO 22000:2018, ISO 9001:2015 etc.)	-											
Consultant - Name												
Full name for contact, clarifications												
Telephone												
Legal Representative					Alternate/Authorized Representative							
Name:					Name: -							
Title – Position					Title – Position: -							
Tel.:		Mob.:			Tel.: -				Mob.: -			

CLAUSE 2 : ASSESSMENT AND CERTIFICATION

Standard according to which the inspection will be carried out ☒ Codex Alimentarius
Desired field of certification – New activities to be certified:

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Do you subcontract part of your activity? If so, which ones? ---	
Number of Staff:	
Shifts:	Working hours: ---
Production Lines: ---	HACCP Studies:
Legislative requirements (National or International) governing the operation and the products/services produced by the Company:	
Are there other inspection points besides the headquarters (branches, warehouses, offices, exhibitions, franchising, etc.) that will be included in the scope of certification? If so, what is their crowd? Yes ☐ No ☒ If there are additional points to be inspected, fill in the table on the next page for each point to be inspected.	
Number of pages of the application including this one: 2	
Is there an Audit Certification from other Bodies? Yes ☐ No ☒	
If so, on which standards? -	
Has a Certificate been revoked? -	
Date of implementation of the Management System:	
Desired Audit Date:	

I declare that all the information stated in this application is true and can be cross-checked at any time.

For the organization (name and location):

Date: