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| GB/T 50430-2017认证转换申请表 | | | | | | | | | | | | | | | | | | | |
| **组织名称** | |  | | | | | | | | | | | | | | | | | |
| **地 址** | |  | | | | | | | | | | | | | | | | | |
| **联 系 人** | |  | | | **电话** | |  | | | | | | | | **传真** | | | |  |
| **转换体系** | | GB/T50430-2017 | | | **原证书编号** | |  | | | | | | | | **原证书截止日期** | | | |  |
| 上次审核日期为:      年  月   日  本次审核应为:  □ 监督审核 □ 再认证审核 □ 专项审核 | | | | | | | | | | | | | | | | | | | |
| 转换  方式  选择 | | | □ 结合监督或再认证审核进行转换  监督或再认证审核预计日期为:  □ 结合通过专项审核方式进行转换  专项现场审核预计日期为： | | | | | | | | | | | | | | | | |
| 依据新版认证标准管理体系调整与实施情况 | | | 1. 已提交修定或换版后的体系文件至我公司：   □ 是    □ 否  2．管理体系是否已按新版标准要求实施:     □ 是    □ 否  3．内审人员是否已经过新版培训：     □ 是    □ 否  4. 是否已按新版标准实施内审和管理评审：  □ 是    □ 否 | | | | | | | | | | | | | | | | |
| 获证客户代表签字: | | | | | | | | | | | (获证客户加盖公章处)  填表日期:      年   月  日 | | | | | | | | |
| **以下由合同评审人员填写** | | | | | | | | | | | | | | | | | | | |
| **是否接受转换申请** | | | | □接受     □ 不接受原因为: | | | | | | | | | | | | | | | |
| **对审核方案策划的特殊要求** | | | |  | | | | | | | | | | | | | | | |
| **评审人签字** | | | |  | | | | | **日期** | | | |  | | | | | | |
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