1. **Informations générales concernant l’organisme**

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| Raison Sociale |  | | | | | | |
| SIRET *(Obligatoire)* |  | | | | | | |
| Groupe d’appartenance *(Le cas échéant)* |  | | | | | | |
| Représentant Légal *(Nom et prénom)* |  | | | | | | |
| Siège *(Adresse - CP - Ville)* |  | | CP |  | | VILLE |  |
|  |  |  | | |  | | |
| Contact pour la certification *(Nom et prénom)* |  | Fonction | | |  | | |
| Téléphone / Mobile |  | Email | | |  | | |
|  |  |  | | |  | | |
| Période **prévisionnelle** souhaitée pour votre audit | | | | |  | | |

1. **Autres informations**

**> Avez-vous fait appel à un consultant/formateur :**  **oui -**  **non**

Si oui, préciser l’organisme qui vous a accompagné dans votre démarche : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**> S’agit-il d’un transfert de certification en provenance d’un autre organisme :**  **oui -**  **non**

Si oui, par qui êtes-vous actuellement certifié ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Echéance du certificat valide actuel *(un certificat échu, suspendu ou retiré ne peut pas faire l’objet d’un transfert)* : \_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Périmètre : testeur(s)**

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| Nombre de testeurs total et par Recommandation | R482  *Engins de chantiers* | R483  *Grues mobiles* | R484  *Ponts roulants et portiques* | R485  *Gerbeurs à conducteur accompagnant* | R486A  *Nacelles*  *Élévatrices* | R487  *Grues à Tour* | R489  *Chariots*  *Automoteurs* | R490  *Grues de chargement* |
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1. **Périmètre : Sites, recommandations et catégories**

*Cocher « S » : si l’organisme a des installations permanentes (CDT) « sur » lesquelles elle réalise les déroulements de tests.*

*Cocher « HS » : si l’organisme organise les tests « hors site » ou réalise les tests sur un/des CDT mise à disposition chez un client.*

*Cocher l’ensemble des types de sites pour une même adresse*

**Référentiel Organisme Testeurs CACES®\_RC2020 v2 - Art. 4.2.5 - Périmètre de la demande**

* Le périmètre de certification de l’OTC (du bureau central) correspond au périmètre complet consolidé de l’ensemble de ses agences, y compris les catégories qui sont exclusivement réalisées « hors CDT ».
* Une famille d'équipements de travail ne peut apparaître dans le périmètre de certification d'une agence que si un CDT certifié pour cette famille est rattaché à cette agence.
* Pour chaque famille, le périmètre de certification d’une agence est le périmètre du (des) CDT qui lui est (sont) rattaché(s), auquel peuvent être ajoutées les catégories du périmètre de l’OTC pour lesquelles il n'est pas exigé de disposer d'un CDT ;
* Le périmètre de certification d'un CDT correspond exclusivement aux catégories pour lesquelles il est possible de réaliser les tests sur ce CDT y compris les options qui peuvent y être rattachées.

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| **Site n°** | | | 01 | | | **Type :** | | |  | | Siège | | | | | |  | | Site Principal | | | | | | |  | | Bureau Central | | | | | |  | | Agence | | | | |  | | |  |
| **Adresse :** | | | xxxxx | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **R482** | | | | | | | | | | | | | | | **R483** | | | | **R484** | | **R485** | | **R486A** | | | | **R487** | | | **R489** | | | | | | | | | | | | **R490** | |
|  | **A** | **B1** | | **B2** | **B3** | | **C1** | **C2** | | **C3** | | **D** | **E** | **F** | **G** | **A** | | **B** | | **1** | **2** | **1** | **2** | **A** | **B** | | **C** | **1** | **2** | **3** | **1A** | **1B** | **2A** | | **2B** | | **3** | **4** | **5** | **6** | | **7** | **-** | |
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| **Site n°** | | | 02 | | | **Type :** | | |  | | Siège | | | | | |  | | Site Principal | | | | | | |  | | Bureau Central | | | | | |  | | Agence | | | | |  | | | CDT |
| **Adresse :** | | | xxxxx | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **R482** | | | | | | | | | | | | | | | **R483** | | | | **R484** | | **R485** | | **R486A** | | | | **R487** | | | **R489** | | | | | | | | | | | | **R490** | |
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***(En cas de nombre de sites supplémentaires compléter la page 2)***

1. **Commentaires**

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1. **Validation de la demande**

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| *Nom et Prénom du représentant légal de l’organisme : …*  *Date de la demande : … Signature du représentant légal ou de son représentant : …* |

***Formulaire à nous retourner complété à l’adresse :*** [***caces@global-certification.fr***](mailto:caces@global-certification.fr)

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| **IMPORTANT : ELIGIBILITE D’UN ORGANISME MULTISITE A LA CERTIFICATION (Cf. IAF MD1-2018 §5)**   * L’organisme doit avoir **un seul et unique système de management**. * L’organisme doit identifier **sa fonction centrale**. Celle-ci fait partie de l’organisme et ne doit pas être sous-traitée à un organisme extérieur. * La fonction centrale doit avoir **l’autorité organisationnelle pour définir, mettre en place et maintenir le système de management unique**. * Le système de management unique de l’organisme doit être **soumis à une revue de direction centralisée**. * **Tous les sites doivent être inclus dans le programme d’audit interne de l’organisme**. * La fonction centrale doit veiller à ce que **les données de chaque site soient collectées et analysées**, et doit être capable de démontrer son **autorité et sa capacité à amorcer au besoin des changements organisationnels** concernant, entre autres mais pas seulement : * **La documentation système et les modifications du système** ; * **Les revues de direction ;** * **Les plaintes ;** * **L’évaluation des mesures correctives ;** * **La planification de l’audit interne et l’évaluation des résultats ; et** * **Les exigences légales et règlementaires relatives aux normes applicables**. |

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| **Site n°** | | | xxx | | | **Type :** | | |  | | Siège | | | | | | |  | | Site Principal | | | | | | |  | | Bureau Central | | | | | |  | | Agence | | | | |  | | | CDT |
| **Adresse** | | | xxxxx | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| \*Si CDT, Agence de rattachement n°1 | | | | | | | | | | | | | Xxxxx – CP – VILLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Si CDT, Agence de rattachement n°2 | | | | | | | | | | | | | Xxxxx – CP – VILLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| \*Si CDT, Agence de rattachement n°2 | | | | | | | | | | | | | Xxxxx – CP – VILLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|  | **R482** | | | | | | | | | | | | | | | | **R483** | | | | **R484** | | **R485** | | **R486A** | | | | **R487** | | | **R489** | | | | | | | | | | | | **R490** | |
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| **Site n°** | | | xxx | | | **Type :** | | |  | | Siège | | | | | | |  | | Site Principal | | | | | | |  | | Bureau Central | | | | | |  | | Agence | | | | |  | | | CDT |
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|  | **R482** | | | | | | | | | | | | | | | | **R483** | | | | **R484** | | **R485** | | **R486A** | | | | **R487** | | | **R489** | | | | | | | | | | | | **R490** | |
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| \*Si CDT, Agence de rattachement n°1 | | | | | | | | | | | | | Xxxxx – CP – VILLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Si CDT, Agence de rattachement n°2 | | | | | | | | | | | | | Xxxxx – CP – VILLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Site n°** | | | xxx | | | **Type :** | | |  | | Siège | | | | | | |  | | Site Principal | | | | | | |  | | Bureau Central | | | | | |  | | Agence | | | | |  | | | CDT |
| **Adresse** | | | xxxxx | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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***(Dupliquer le tableau ci-dessous autant de fois que de site concerné sur la page suivante)***