



APPLICATION FOR ACCREDITATION
Address: 2208 Manhattan Way, Modesto, CA 95358, USA
Email: info@iacaab.org

To be filled in by the -----

Application/Case No.:	Programme Manager/Admin
Secretary:	
Incoming date/stamp:	

Confidentiality Policy

According to the IACA Code of Conduct, all IACA assessors, staff and committee members are required to keep information about your application confidential. Following a successful accreditation, the only information published by IACA will be your accredited scope and contact details. IACA may be required by law to share other information or may publish information that is already in the public domain.



Application

Please checkmark, add or complete

This application relates to the following accreditation case:

XX-YYYYYY-ZZ

1. Applicant Data

PLEASE ENTER THE EXACT DESIGNATION OF THE APPLICANT LEGAL ENTITY

Name and legal status of the applicant (please enclose proof of structure and legal status, e.g. certificate of incorporation/registration, excerpt of the commercial register)

Applicant:

Street:

Postal Code:

Place
:

Country
:

Name(s) of authorized representatives of the applicant:
(e. g. registered persons in the certificate of incorporation/registration)

2. Address for receiving invoices, if different from the address in section 1

Company name

Contact person

Street:

Postal code:

Place



3. Type of Conformity Assessment Body (CAB)

ONLY ONE TYPE OF CAB CAN BE SELECTED, FOR EVERY TYPE OF CAB A SEPARATE FORM MUST BE USED!

- Testing laboratory ISO/IEC 17025
- Calibration laboratory ISO/IEC 17025
- Medical laboratory ISO 15189
- Inspection body ISO/IEC 17020 Type A
- Inspection body ISO/IEC 17020 Type B
- Inspection body ISO/IEC 17020 Type C
- Certification body for management systems ISO/IEC 17021-1
- Certification body for persons ISO/IEC 17024
- Certification body for products, processes and services ISO/IEC 17065
- Proficiency Test Provider ISO/IEC 17043
- Validation / Verification body ISO 14065¹
- Producer of Reference Materials ISO Guide 34 (ISO 17034) in conjunction with ISO/IEC 17025

4. Application for

- Initial Accreditation
- Re-Accreditation
- Modification of Accreditation (e. g. change of the name of the CAB)
- Extension of Accreditation (e.g. enlarged scope, new locations, etc.)
- Reduction of Accreditation Scope (e.g. reducing of the accredited scope, site closure, etc.)

¹Verification bodies are bodies engaged in the verification of greenhouse gas emission



5. CAB information

Name of CAB ² (if different from the applicant):	
Street:	
Postal Code:	City:
Head of the CAB:	
Deputy head:	
Contact person ³ :	Tel.:
E-Mail:	Fax:
Contact data to be used in the IACA database of accredited bodies at www.IACA.ng	
Name:	
Tel.:	Fax:
E-Mail:	
Number of employees within the accreditation field: (including external employees like auditors, inspectors, sampler, etc. / Specify the number of employees per location)	

Description of relations to supervisory or subordinated organizations (legal persons, individual persons, parent company, subsidiaries). Please add organization charts.
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² Applicant as well as the name of the CAB (if different) will usually be referred in the accreditation certificate.

³ Technical contact person of the CAB for planning and realization of the accreditation procedure.



INTERNATIONAL ACCREDITATION FOR CONFORMITY ASSESSMENT

Does the CAB operate on several sites within the applied scope of accreditation? ⁴	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, further locations of CAB: <input type="checkbox"/> see attachment		
Street: Code/City / :	Number of employees :	
Street: Code/City / :	Number of employees :	
Street: Code/City / :	Number of employees :	

6. Conformity assessment procedures to be accredited - scope of accreditation

Please attach a separate list about standards, methods, procedures, schemes for which accreditation as conformity assessment body is applied.

Note: See sample provided by IACA.

If applicable, the updated annex of the accreditation certificate can be enclosed.

⁴ Please enclose attachments if space is not sufficient.



7. Accreditation with flexible scope⁵ (only for testing, calibration and medical laboratories)		
Note: For the possibility of accreditation with a flexible scope (category I or II) according to the IACA rule on flexible scope please contact the Director of Accreditation. Applications can be made informally to the Director of Accreditation or Programme Manager in due time before the assessment. Accreditation with a flexible scope may be not possible in some technical sectors. Accreditation for a flexible scope requires increased assessment expenditure because of specific requirements to be fulfilled by the applicant.		
Application for Accreditation with Flexible Scope (Category III)	Yes	<input type="checkbox"/>

8. Application for the use of the accreditation symbol^{6, 7}

Application for the use of the accreditation symbol on result reports: (e.g. on test reports, calibration certificates, examination reports, inspection certificates, other reports - regarding to type of CAB)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Moreover, the use of the accreditation symbol is applied for other purposes :	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please specify:		
Application for a combined accreditation symbol? (ILAC-IACA or IAF-IACA) ⁸	Yes <input type="checkbox"/>	No <input type="checkbox"/>

⁵ Please take notice of the IACA applicable rule for accreditation with a flexible scope.

⁶ IACA strongly recommends the application for the use of the accreditation symbol. Accredited bodies show their status with the accreditation symbol, e.g. on test reports, inspection reports, validation- and verification reports or certificates. Signing this application implies that the CAB will abide by the IACA Rule for the Use of Accreditation Marks.

⁷ IACA RL-006-02, **Rules for the Use of IACA Accreditation Marks** shall apply in each case. Each type of use shall be announced to and approved by IACA before use.

⁸ Usage of combined ILAC-IACA- and/or IAF-IACA-symbol is possible after signing corresponding sublicense agreement. Rules from ILAC and IAF are to be considered.

**9. Specifications to former accreditations (only for initial accreditations and reaccreditations)**

Are there further accreditation files for which the applicant is accredited by IACA? If yes, case no.:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the CAB already accredited by another accreditation body? If yes, information to the accreditation body: Case no:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any existing or applied notifications, permissions or applications of the CAB?		

10. Questions with regard to the local accreditation body of the applicant

Is there a local accreditation body?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the local accreditation body a signatory to the IAF MLA or ILAC MRA respectively?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the local accreditation body offer the required scope?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the questions above are all answered with yes, what are the reasons for applying for accreditation by IACA instead of the local accreditation body?		

Note:

If there is a local accreditation body as stated in Section 10 above:

- IACA will inform the local accreditation body about the application;
- IACA may cooperate with the local accreditation body with regard to:
 - Exchange of information taking into account factors such as language, local laws and regulations, culture, relevant local accreditation requirements etc., as well as technical competence requirements,
 - include personnel from the local accreditation body on the assessment team, as observer or for translation service.



11. Authorization (optional)⁹

Authorized to make arrangements and contractual agreements between IACA and the applicant with regard to the accreditation procedure are:

<input type="checkbox"/>	The head of the CAB (as specified in section 5.)
<input type="checkbox"/>	The contact person (as specified in section 5.)
<input type="checkbox"/>	The following person:
Name: _____	
Street: _____	
Postal Code: _____	Place: _____
Tel.: _____	Fax: _____
E-Mail: _____	

12 Agreement

I have read, I understand and I agree with the information provided in this Agreement and conditions stipulated in applicable IACA Policies and Procedures. With signature the applicant body declares to recognize and take note of the following conditions:

- a) commit to fulfill continually the requirements for accreditation for the scope for which accreditation is sought or granted and commit to provide evidence of fulfillment. This includes agreement to adapt to changes in the requirements for accreditation;
- b) cooperate as is necessary to enable the accreditation body to verify fulfillment of requirements for accreditation;
- c) provide access to conformity assessment body personnel, locations, information, documents and records as necessary to verify fulfillment of requirements for accreditation;
- d) arrange the witnessing of conformity assessment activities when requested by the accreditation body;
- e) have, where applicable, legally enforceable arrangements with their clients that commit the clients to provide, on request, access to accreditation body assessment teams to assess the conformity assessment body's performance when carrying out conformity assessment activities at the client's site;

⁹ The authorization is valid until it is cancelled by the applicant with written declaration to IACA.



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- f) Claim accreditation only with respect to the scope for which it has been granted;
- g) Commit to follow the accreditation body's policy for the use of the accreditation symbol;
- h) Not to use its accreditation in such a manner as to bring the accreditation body into disrepute;
- i) Inform the accreditation body without delay of significant changes relevant to its accreditation such as
 - Its legal, commercial, ownership or organizational status,
 - The organization, top management and key personnel,
 - Resources and location(s);
 - Other such matters that may affect the ability of the conformity assessment body to fulfill requirements for accreditation;
- j) To pay fees as determined by the accreditation body; and
- k) To assist in the investigation and resolution of any accreditation-related complaints about the conformity assessment body referred to it by the accreditation body.

Signed by Authorized Representative:		Place and date	
Name:			
Sign:			
Telephone	Fax		
Email			

Additional Information

Please include the following supporting documentation with the application
<input type="checkbox"/> A copy of the current version of your quality manual and any operating procedures and work instructions. Electronic copies are preferred.
<input type="checkbox"/> An up-to-date organization chart and identify, by name, the key personnel involved for each function.
<input type="checkbox"/> If CAB is a part of a larger organization, e.g., a manufacturing company or a government department, include a chart of the CAB's position and reporting relationships within that organization.
<input type="checkbox"/> The proficiency testing plan and proficiency test results, with any corrective action response (if applicable).

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| <input type="checkbox"/> A list of all equipment used to support the tests or calibrations including in-house (i.e. equipment calibrations that your organisation perform) and external calibrations (i.e. those that an external calibration laboratory performs), and rented/borrowed equipment. |
| <input type="checkbox"/> For Calibration Applicants Only: a sample of a calibration certificate which your CAB issues and uncertainty calculations that support the Measurement Uncertainties to be claimed on your scope of accreditation. |

Note: Additional documents requires for a given conformity assessment activity are stipulated in the applicable IACA documents.