



Accreditation Board For International Standards
APPLICATION FOR ACCREDITATION / EXTENSION OF SCOPE FOR PRODUCT CERTIFICATION
BODIES

You may require about 10-15 minutes to fill in this form.

PART 1 – ORGANISATION DATA

1. Organisation

Name of Company:

Address:

Contact Person:

Tel:

Email:

Designation:

Fax:

Website:

* Business Reference No:

(please attach a copy of ACRA or business certification) *Date of Registration:

***Company registered as:**

- Sole Proprietorship
 Partnership
 Private Limited
 Others (please specify):

***Registered Business Activity:**

***Business Activity Currently Offered**

***Describe the relationship with other parts of a larger corporate entity, if applicable**

PART 2 – APPLICATION DATA

1. Scope of accreditation

The scope of accreditation of a certification body is normally defined in terms of certification system and products. Accreditation indicates that the body is accredited to certify products conformance to national, international and/or recognised industry standards.

a. Please state the type of certification system:

ISO certification system no:

b. Please state the products, product standards number and title (to attach separate sheet if space is not sufficient).

c. Please enclose a list of companies and products certified within the scope of accreditation sought for (to attach separate sheet if space is not sufficient).

2. Resources

a. Full Time Staff

Total number of staff:

Number of management staff:

Number of auditors:

Number of staff involved in testing:

Number of administrative staff:

b. External Staff

Number of auditors:

Number of staff involved in testing:

Others, if applicable:

3. Testing Facilities

- a. Does your organisation have a testing laboratory? Yes No
- b. Does it have the capability for all tests specified in the Standards for the scope applied? Yes No
- c. Is the testing laboratory accredited Yes No
- d. Please list separately the scope(s) accredited and provide relevant documentary evidence, where applicable.
- e. Please list separately all the testing equipment in your laboratory, where applicable.
- f. If your organisation does not have the capability to conduct all tests OR does not have a testing laboratory, please list / describe, on a separate sheet,
- i. Which laboratory conducts the testing
 - ii. How does your organisation verify that the laboratory complies with ISO/IEC 17025. Please provide relevant documentary evidence.

4. Other accreditation

List the other accreditation bodies which have awarded accreditation to your organisation (for scope applied).

1.	
2.	
3.	
4.	

5. Non-conflict of interest

Indicate whether there is any potential conflict of interest/conflict of interest by related bodies and/or members of your organisation's board or other committees.

Yes No

If Yes, provide details (to attach separate sheet if space is not sufficient)

--

PART 3 – APPLICATION FEE

1. This application is only valid for 2 years. If an applicant is not able to obtain accreditation within 2 years from the date of this application, a new application form and fee have to be submitted.
2. Cheque(s) shall be crossed and made payable to Accreditation International Association for Certification Bodies
3. Please forward the complete application form to admin@aiacacc.org

PART 4 – SUBMISSION CHECKLIST

1. Please ensure that the following documents are submitted together with the application form:
 - Corporate documents to prove its legal entity (for all new applications and only when there are changes for application for extension of scope)
 - Quality manual and relevant documents which provide a description of the quality system of the certification body according to the requirements of the following documents, where applicable:
 - ❖ ISO/IEC Guide 65 and the corresponding guidance (*for all schemes*)
 - ❖ ABIS CT 01 – Accreditation Process for Certification Bodies (*for all schemes*)
 - ❖ ABIS CT 05 – ABIS Criteria for Certification Bodies (*Ready-Mixed Concrete*)
 - List of test facilities, where applicable

PART 5 – DECLARATION

1. The certification body named above applies for accreditation for the scope(s) set out in this application. I declare that the information on this form and any other information given in support of this application are correct to the best of my knowledge.
2. I have read the Council's Terms and Conditions and criteria, and undertake that the certification body will comply with these requirements if this application is accepted.
3. I undertake that the certification body will pay all fees due to the Council, whether or not accreditation is granted.

Signature:

Name:

Designation:

Date:

Note: Scan this last page separately for email.