



**SRI LANKA ACCREDITATION BOARD  
for CONFORMITY ASSESSMENT**

**APPLICATION FORM  
*for* ACCREDITATION *of*  
CERTIFICATION BODIES *of*  
PERSONS**

***Instructions to the Applicant:***

1. Please submit duly filled application along with the questionnaire
2. Quality Manual of the Certification Body and associated documents referred in the application shall also be submitted along with the application

Director /CEO,  
Sri Lanka Accreditation Board for Conformity Assessment,  
No. 104/A,  
Kitulwatte Road,  
Borella



**APPLICATION FOR ACCREDITATION OF CERTIFICATION BODIES OF PERSONS**

**1. Organization / Company Information**

1.1. Organization / Company Name:

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1.2. Registered Address:

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Tel	Fax	E-Mail
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1.3. Operational Address (If different):

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Tel	Fax	E-Mail
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1.4. Is your organization registered in Sri Lanka?

If yes, give details of registration; Reg. No, Relevant Act etc.

1.5 The type of Organization (*Please tick the appropriate cage*)

- |  |  |
|--|--|
| <input type="checkbox"/> Private limited company | <input type="checkbox"/> Private partnership |
| <input type="checkbox"/> Public limited company  | <input type="checkbox"/> Public body         |
| <input type="checkbox"/> Statutory Body          | <input type="checkbox"/> Other: _____        |

1.6 Contact Details of Managing Director /CEO

Name			
Position			
Address			
Tel	Fax	E-Mail	

1.7 Contact Person

Name			
Position			
Address			
Tel	Fax	E-Mail	

## 2. Information on Accreditation Requested

### PART A

A1. Give details of the Certification activities you seek Accreditation and indicate the scope sectors/trades and the Applicable Standard/Guide

Activity	Scope	Applicable Standard/Guide

(Please refer SLAB, Policies and procedures for Accreditation of Certification Bodies).

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A.2 Is your organization Accredited by another Accreditation Body for certification of any occupation/trade? If so, please specify (Attach documents for proof)

Activity and Scope of Accreditation	Against which Standard	Name of Accrediting institution	Period of Validity of Accreditation

A.3 Give details of the other certification activities, your organization is currently engaged with, if applicable.

Certification scopes/Areas	Against which standard and whether accredited.

## PART B

### Extensions of Scope Accreditation

If this is an application for an extension to your existing scope of accreditation, you will need to supply the following additional information:

B.1. Accreditation Number: \_\_\_\_\_

B.2 Brief description of the Scope of Accreditation

B.3. Date of Expiry of Accreditation: \_\_\_\_\_

B.4. Occupations/Trades for which extension requested and the applicable standard(s)

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B.5. Describe how do you incorporate the new activities in your documented management system

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B.6. What are the specific competence criteria for the personnel involved in the new activities to which you seek scope extension

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B.7. Specify when SLAB could witness the certification activities requested under the extension of scope.

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### 3. Staff Information (Attach organizational structure)

#### 3.1 Total Number of Staff

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#### 3.2 Resources Available *(Please tick the appropriate cages)*

- Auditors Locally Available
- All Auditors sourced from outside Sri Lanka
- Assessors sourced from outside Sri Lanka based on needs

#### Break Down of the Staff who is connected with the Certification Activities

Designation	Number	Permanent	Contract



3.3 Details of Auditors who will be used for Auditing purpose on the activities and scope applied.

Location of site/branch/regional office/agent office	No. of Qualified Permanent Auditors		No. of Qualified Contracted Auditors	
	Local	Foreign	Local	Foreign

3.4 Please briefly specify the method adopted to qualify staff for auditing activities

3.5. If you out source Audit Activities, please give details

## 4. Other Information

5.1 Please give any other details that you may consider be relevant to this Application.

## 6. Declaration

We declare that

- 6.1 We are familiar with and will abide by the terms and conditions of maintaining SLAB accreditation (BP-RG(P)-03) included in the agreement to be signed by both parties, which is enclosed.
- 6.2 We agree to comply with accreditation procedures, pay all costs for pre-assessment, assessment, verification visit (if any), surveillance and reassessment irrespective of the result.
- 6.3 We agree to co-operate with the assessment team appointed by SLAB for examination of all relevant documents by them and their visits to the certification body that are part of the scope of accreditation.
- 6.4 All information provided in this application is true and correct.

Signature

Date

Name

Position

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