**** **SRI LANKA ACCREDITATION BOARD**

 **for CONFORMITY ASSESSMENT**

 **APPLICATION FORM**

 ***for* accreditation *of* BODIES OPERATING CERTIFICATION *of***

 **PERSONS**

Director /CEO,



Sri Lanka Accreditation Board for Conformity Assessment,

 No.44, Dedicated Economic Center,

Kirimandala Mawatha, Narahenpita

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Accreditation  |  |  | 1. Scope extensionin the existing accredited scheme
 |  |
|  |  |  |  |  |
| Renewal of Accreditation |  |  | Scope extension to new scheme |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Critical Location  |  |  | Scope extension to Critical Location |  |

**1. Certification Body Information**

|  |  |  |
| --- | --- | --- |
| **1.1** | **Name:** |  |
| Address |  |
| Telephone |  | Fax No |  |
| e-mail |  | Website |  |

|  |  |  |
| --- | --- | --- |
| **1.2** | **Name of Parent Organization (if part of an organization)** |  |
| Address |  |
| Telephone |  | Fax No |  |
| e-mail |  |  |  |
|  |  |  |  |
| **1.3** | **Legal status and date of establishment**(Please provide a copy of Registration / relevant Act) |  |

**1.4 Contact Persons**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Position | Address | Correspondence details, Telephone, Fax, e-mail)  |
| **Chief Executive of the Organization** |  |  |  |  |
| **Site/Location**123 |  |  |  |  |
| **Authorized representative for SLAB** |  |  |  |  |

**1.5 Related Organizations**

|  |  |
| --- | --- |
| Name and location | Nature of relation and activities of this organisation |
|  |  |

Related organisations are those organisations which are related to your organisation, by means of common ownership, shared name, contracts for co-operation or shared management. Also, a parent organisation and parts of a holding of which your organisation forms a part are related organisations.

**1.6. Indicate exactly how the name of the Certification Body should appear on the certificate of Accreditation**

………………………………………………………………………………………………………………………….

**1.7 Locations:**

1.7.1 Site/Location with key activities:

|  |  |  |
| --- | --- | --- |
| Key activities | Please“√”as relevant | Address and Correspondence details (telephone, fax, e-mail and website if any)In case of site/ locations outside Sri Lanka the Policy on CrossFrontier Accreditation (AC-RG(P)-07) applies.  |
| Main Office | Site/Location |
| policy formulation and approval;  |  |  |  |
| process and/or procedure development and approval; |  |
| initial review of competence, and approval of personnel and subcontractors;  |  |
| control of the monitoring process of competence of personnel and subcontractors and its outcomes;  |  |
| review of applications and evaluation activities |  |
| decision on certification including the review of evaluation tasks |  |

1.7.2Is remote personnel conducting key activities managed from this site? If yes specify number of persons and activities

1.7.3 Is remote SLAB assessment of Site/Location from the Head Office possible?

1.7.4 Site/ Location with other (non-key) activities

*e.g.: evaluation planning, marketing, promotion, financing etc.*

*(Please attach additional pages if required):*

|  |  |
| --- | --- |
| Address and Correspondence details (telephone, fax, e-mail and website, if any)In case of site/location outside Sri Lanka the Policy on Cross Frontier Accreditation (AC-RG(P)-07) applies.  | a. Specify activities that are carried out at the Site/locationb. For which part(s) of the main areas of the requested scope?c. Number of personnel involvedd. Is remote SLAB assessment of the site from the head office possible? |
|  | a.b.c.d. |
|  | a.b.c.d. |
|  | a.b.c.d. |
|  | a.b.c.d. |

1.7.5 Activities in countries without Sites/Locations *(Please attach additional pages if required):*

|  |  |
| --- | --- |
| Address and Correspondence details (telephone, fax, e-mail and website, if any)In case of locations outside Sri Lanka the Policy on Cross Frontier Accreditation (AC-RG(P)-07) applies.  | a. Which activities are carried out in the counties under SLAB accreditation? b. Related to which part(s) of the main areas of the requested scope c. Specify number of persons conducting the activities in this country d. Which Site/Location mentioned in table 1.5.1 or 1.5.4 manages the activities in the country? |
|  | a.b.c.d. |
|  | a.b.c.d. |
|  | a.b.c.d. |
|  | a.b.c.d. |

**2. Information on Accreditation Requested**

2.1 Give details of the Certification Scheme/s you seek accreditation, the scope and the applicable Standard/Normative Document

|  |  |  |
| --- | --- | --- |
| Certification Scheme | Scope | Standard/ Normative Document |
|  |  |  |

2.2 Is your organization accredited by another Accreditation Body? If so please specify (attach documents for proof)

|  |  |  |  |
| --- | --- | --- | --- |
| Certification Scheme and Scope of Accreditation  | Standard/ Normative Document | Name of the Accreditation Body | Period of validity of accreditation |
|  |  |  |  |

2.3 Give details of the other certification activities, your organization is currently engaged with.

|  |  |
| --- | --- |
| Certification activities  | Standard/Normative Document |
|  |  |

2.4 Give details of the certification activities your organization is currently operated in other countries

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Certification scopes | Standard/Normative Document | Country | Total number of certified clients/persons for scopes | Total number of certified clients/persons for scopes for which accreditation is being sought |
|  |  |  |  |  |

**3. Staff Information**

(Attach organization structure of the Certification Body for Personnel and its relationship to parent organization if any)

3.1 Total Number of Staff:

3.2 Details of personnel involved in the certification activities.

(Attach List of personnel and Experts with their competence for the scope)

|  |  |  |
| --- | --- | --- |
| Head Office/Site/Location, etc. | No. of qualified personnel | No. of qualified contractedPersonnel  |
| Local | Foreign  | Local | Foreign |
|  |  |  |  |  |

|  |
| --- |
| 3.3 Information regarding any individual or organization that has provided consultancy or following assistance to towards SLAB accreditation; |
| Development of Quality Management System | **:** | **……………………………………………………** |
| Training | **:** | **……………………………………………………** |
| Conducting Internal Audits | **:** | **……………………………………………………** |
| Other | **:** | **……………………………………………………** |

 3.4 Any affiliation or relationships to SLAB **: ……………………………………………………**

3.5. Please provide details of outsourced activities related to the accredited scope of work, that are subcontracted on a permanent basis and Name and location of the contracted organization

**4. Certified personnel**

4.1 Please provide details of persons certified based on the type of certification/scope

|  |  |
| --- | --- |
| Certification Scope  | Number of certified personnel *(as at the date of submission of this application)* |
|  |  |

 Please attach a list of certified personnel for each scope

**5. Other Information**

5.1 Please provide details about the Scheme Owner and their requirements (AC-FM-48 shall be completed and submitted along with the application)

5.2 Please provide details about the regulator/s and their requirements, if applicable (details shall be submitted along with the application)

5.3 Please give any other details that you may consider be relevant to this application.

**6. Please attach the soft copies of the following documents and records**

|  |  |
| --- | --- |
| 6.16.26.36.46.5 | Annexure 01- Scope of AccreditationAnnexure 02- Self-assessment checklist- ISO/IEC 17024: 2012Annexure 03 - AC-FM-48- Checklist for determination of suitability and acceptance of Conformity Assessment Schemes for accreditation purposesA copy of Legal Registration / relevant ActQuality Management System documentation |
| 6.66.76.86.9 | Relevant Standard(s)/ Normative Document(s)Personnel Certification Scheme requirementsRegulatory requirements List of Certification Body Personnel including experts with their competence for each scope  |
| 6.10 | List of personnel for each scope identifying personnel already certified |
| 6.116.126.136.146.156.16 | Organization and management structure Report of internal auditMinutes of the last management reviewAn example of a certificate and a scheduleIf already accredited for the scope applied, documentary evidenceTwo signed copies of Terms and Conditions for maintaining accreditation (AC-RG(P)-09)  |

**7. Declaration**

We declare that

7.1 We are aware of and will abide by the Terms and Conditions for maintaining accreditation (AC-RG(P)-09) to be signed by both parties, which is enclosed.

.

* 1. We agree to comply fully and continually fulfill the requirements of ISO/IEC 17024: 2012 and SLAB Rules and Procedures for accreditation (AC-RG(P)-27).
	2. We agree to comply with accreditation procedures and pay all costs for activities related to accreditation process as per Terms and Conditions for maintaining accreditation (AC-RG(P)-09) & Fee Structure (BP-RG(P)-01) available on SLAB website: [www.slab.lk](http://www.slab.lk).

7.4 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/sites/Locations/witness assessments that are part of the scope of accreditation.

7.5 We declare that all the information provided is true and accurate to the best of our knowledge. I’m aware that giving any fraudulent information will lead to termination of the accreditation process.

|  |  |
| --- | --- |
| Signature of Chief Executive |  |
| Name & Designation |  |
| Date & Place |  |

……………………………………………………………………………………………

***For office use only***

|  |  |  |  |
| --- | --- | --- | --- |
| A. | Check whether the following have been submitted | To be checked by the Management Assistant | To be checked by the Authorized Officer |
|  |  |
|  | Annexure 01- Scope of Accreditation |  |  |
|  | Annexure 02- Self-assessment checklist |  |  |
|  | Annexure 03 - AC-FM-48- Checklist for determination of suitability and acceptance of Conformity Assessment Schemes for accreditation purposes |  |  |
|  | A copy of Legal Registration / relevant Act |  |  |
|  | Quality Management System documentation |  |  |
|  | Relevant Standard(s)/ Normative Document(s) |  |  |
|  | Personnel Certification Scheme requirements |  |  |
|  | Regulatory requirements  |  |  |
|  | List of Certification Body personnel including experts with their competence for each scope |  |  |
|  | List of personnel for each scope identifying personnel already certified |  |  |
|  | Organization and management structure  |  |  |
|  | Report of internal audit |  |  |
|  | Minutes of the last management review |  |  |
|  | An example of a certificate and a schedule |  |  |
|  | If already accredited for the scope applied, documentary evidence |  |  |
|  | Two signed copies of Terms and Conditions for maintaining accreditation (AC-RG(P)-09) |  |  |
|  | Application Fee | LKR |
|  |  |  |  |
|

|  |  |  |
| --- | --- | --- |
| ***Case file number:*** | *Assigned by* | *Verified by* |

 **To be filled by the Technical Manager / Deputy Technical Manager before assigning the application to Authorized officer**

|  |  |  |  |
| --- | --- | --- | --- |
| A.B. | Comments on the case file/ evaluation of scheme requirements and its suitability for accreditation: Allocation of Case file |  |  |
| C. | Allocation for Document and Record Review | : |  |

Date: …………………… Technical Manager/Deputy Technical Manager: ………………………**To be filled by the Authorized officer**  |
| A. | Check whether the SLAB fulfills the following

|  |  |
| --- | --- |
| Is the activity area of CAB under the purview of SLAB | Yes / No |
| Can the initial assessment be performed in a timely manner | Yes / No |
| If yes, state the duration in months-  |  |
| Has the SLAB Competence on accrediting the CAB | Yes / No |

  |
| B. | Are all functions of CAB performed at one Site/ LocationIf No, indicate the specific activities |  Yes / No |  |
|  |  |
| C. | Time estimation (Number of man days) for initial assessment | :  | ……………………………………. |
|  |  |  |  |
| D.  | Remarks of Authorized Officer | : | …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
|  | Date: …………………… Authorized Officer: ……………………… |