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

 **for CONFORMITY ASSESSMENT**

**APPLICATION FORM**

***for* accreditation *of***

**BODIES CERTIFYING**

**PRODUCTS, PROCESSES**

**AND SERVICES**

Director /CEO



Sri Lanka Accreditation Board for Conformity Assessment

 No.44, Dedicated Economic Center

 Kirimandala Mawatha, Narahenpita

**APPLICATION FOR ACCREDITATION OF** **BODIES CERTIFYING PRODUCTS, PROCESSES AND SERVICES**

**A separate application form shall be submitted for each product/ process/ service certification scheme.**

**Please indicate the product/ process/ service certification scheme:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Accreditation  |  |  | 1. Scope extensionin the existing accredited scheme
 |  |
|  |  |  |  |  |
| Renewal of Accreditation |  |  | 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 attach a copy of Registration / relevant Act) |  |

**1.4 Contact Persons** *(Please mention the Name and Designation)*

|  |
| --- |
| Chief Executive of the Organization :  |
| Telephone:  | Mobile: | E-mail: |
|  |
| Person responsible for the Operation of the CAB :  |
| Telephone: | Mobile: | E-mail: |
|  |
| Person/s responsible for Management System :  |
| Telephone: | Mobile: | E-mail: |
|  |
| Authorized Representative for SLAB:  |
| Telephone: | Mobile: | E-mail: |

**1.5 Related Organizations**

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.

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

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

**1.7. Sites/ Locations:** *(Attach Annexure 02: Details on Locations)*

**2. Information on Accreditation Requested**

2.1 Give details of the Certification Scheme you seek accreditation:

*(Attach Annexure 01: Recommended Scope of Accreditation)*

2.2 Type of Product/ Process/ Service certification scheme as per ISO/IEC 17067 : …………………………

2.3 Give details of the other certification activities, your organization is currently engaged with and if, those certification activities are accredited by another Accreditation Body? please specify

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Certification activities/ Certification Scheme** | **Standard/ Normative Document** | **Accredited Scope**  | **Name of** **the Accreditation Body** | **Period of validity of accreditation****(attach documents for proof)** |
|  |  |  |  |  |
|  |  |  |  |  |
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2.4 Give details of the certification activities your organization is currently operated in other countries

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Certification activities/ Certification Scheme** | **Standard/ Normative Document** | **Country** | **Total number of certified clients for scopes** | **Total number of certified clients for scopes for which accreditation is being sought** |
|  |  |  |  |  |
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**3. Staff Information**

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

|  |  |
| --- | --- |
| 3.1 Total number of employees in the organization: |  |
| 3.2 Number of employees involve in Certification activities: |  |
| 3.3 Details of personnel involve in Certification activities : | *(Attach Annexure 03: Details of Staff)*  |
| 3.4 Resources Available *(Please tick the appropriate cages)*[ ] Auditors Locally Available (Applicant country) [ ]  Auditors in other countries |
| 3.5 Information regarding any individual or organization that has provided consultancy or following assistance to towards SLAB accreditation |
| Development of Management System : |  |
| Training : |  |
| Conducting Internal Audits : |  |
| Other : |  |
| 3.6 Any affiliation or relationships to SLAB : |  |
| 3.7 Please provide details of outsourced activities Activities, related to the accredited scope of work, that are subcontracted on a permanent basis and Name & location of the contracted organization. ……………………………………………………………………………………………………………………….. |

**4. Clients**

4.1 Please provide details of your clients based on the scope (*Attach Annexure 04: Details of Clients)*

|  |  |
| --- | --- |
| Certification Scope  | Number of Clients (as at the date of submission of this application) |
|  |  |
|  |  |
|  |  |
|  |  |

**5. Other Information**

5.1 Please provide details about the Scheme Owner and their requirements

*(Attach completed Annexure 05 - AC-FM-48- Checklist for determination of suitability and acceptance of Conformity Assessment Schemes for accreditation purposes)*

5.2 Please provide details about the regulator/s and their requirements, if applicable *(Please attach any evidences, if available)*

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**

6.1 Annexure 01 -Scope of Accreditation

6.2 Annexure 02 - Details of locations

6.3 Annexure 03 - Details of Staff

6.4 Annexure 04 - Details of Clients

6.5 Annexure 05 - AC-FM-48- Checklist for determination of suitability and acceptance of Conformity Assessment Schemes for accreditation purposes

6.6 Annexure 06 - Self-Assessment Checklist ISO/IEC 17065:2012

6.7 A copy of Legal Registration / relevant Act

6.8 Complete Organization Structure

6.9 Quality Management System documentation

6.10 Competence requirements and qualification procedure

6.11 Relevant Standard/s or Normative Document/s

6.12 Product/ Process/ Service Certification Scheme requirements

6.13 Regulatory requirements

6.14 Report of internal audit

6.15 Minutes of the last management review

6.16 An example of a scope certificate

6.17 If already accredited for the scope applied, documentary evidence

6.18 Two 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 17065:2012 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 (CP-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 Technical Manager |
|  |  |  |  |
|  | Annexure 01 -Scope of Accreditation |  |  |
|  | Annexure 02 - Details of locations |  |  |
|  | Annexure 03 - Details of Staff |  |  |
|  | Annexure 04 - List of Clients |  |  |
|  | Annexure 05 - AC-FM-48- Checklist for determination of suitability and acceptance of Conformity Assessment Schemes for accreditation purposes |  |  |
|  | Annexure 06 - Self-Assessment Checklist ISO/IEC 17065:2012 |  |  |
|  | A copy of Legal Registration / relevant Act |  |  |
|  | Complete Organization Structure |  |  |
|  | Quality Management System documentation |  |  |
|  | Competence requirements and qualification procedure |  |  |
|  | Relevant Standard/s or Normative Document/s |  |  |
|  | Product/ Process/ Service Certification Scheme requirements |  |  |
|  | Regulatory requirements  |  |  |
|  | Report of internal audit |  |  |
|  | Minutes of the last management review |  |  |
|  | An example of a certificate |  |  |
|  | 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. | Comments on the case file | : |  |
| B. | Allocation of Case file | : |  |
| C. | Document Review | : | Required/ Not Required |
| D. | Allocation for Document 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 | …………………………….. |
|  Has the SLAB Competence on accrediting the CAB | Yes / No |
| B. | Are all functions of CAB performed at one siteIf 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: …………………………….. |