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*Initial assessment*

*Scope extension*

*Scope change*

*Re-assessment*

*In accordance with ISO/IEC 17021-1:2015, for the certification body named below, we apply for;*

*The certification activity:*

- ISO 9001:2015

- ISO 14001:2015

- ISO 22000:2005

- ISO 13485:2003

- ISO 13485:2016

- ISO/IEC 27001:2013

- FSSC 22000

- O*ther*

- *Accreditation for notification purposes*

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| ***Name-Identity of the certification body*:**  **…………………………………………………………….………………………………………..……....….…………..………..**  **…………………………………………………………….………………………………………..……....….…………………….** |
| **Address: ……………………………………………………………………………………………………………..……....………….............................…………..........**  **…….………………………………………………………….…………………………………………………………….…….....………….............................**  **State/City: ………………………………… *Code*: ……………………… *Country*: ……….………………………….............................……......**  **T*elephone (incl.area code))* :…………………………......  *Fax*: ………….............................………….....................…………........**  **E-mail: …………………………………............................ Website: .....................................................................................**  ***Tax office* : ..............................................*Tax Account-if applicable* :…………………………………………………………………………** |
| ***Head of the* *certification body* : ………………………………………………….……………….......................………….............................**  ***Tel* : …………………………...... *Fax*:……………............................... *E-mail*:……………………......................…………......................**  ***Contact Person and position*: ………….............................*Mobile phone:* ………………………………………….............................**  ***Phone*: ……………………....... *Fax*: …………………………………………...*E*-*mail*: …….............................………….........................**  **Number of certification body staff members:..........................………….............................………….............................……** |
| ***Legal status of the certification body*: ........................………….............................………….............................…… ........... *Owner of the* *certification body*: ........................………….............................………….............................…… ....................  *Address of the owner*: ........................………….............................………….............................…….................................... *Legal representatives of the owner*: ……….……........................………….............................………….............................…… .................... ........................………….............................…………..........................................................…… ....................**  ***Is the certification body part of another legal entity*?**  **yes:  *no*:**  ***If yes*:**  ***Name of the legal entity:……………………………………….***  ***Address:* …………………………………………………………..**  ***Company registration number(if applicable)*:……………………………………..**  ***Please state the Certification Body’s relationship with the legal entity given above:***  **....................................................................................................................................................................................**  **....................................................................................................................................................................................** |
| *Since which date the management system in accordance with ISO/IEC 17021-1:2015 has been applied?*  *........................................................*  *Has been any certification activity in the application scope(s)?*  yes:  *no*:  *If yes*:  *Number of certificates provided (for each requested scope):*  ........................................................................................................................................................................................  *If no*:  *Information about the work done in the requested scopes, until now.*  .........................................................................................................................................................................................  .........................................................................................................................................................................................  *Is the certification body accredited by another accreditation body including foreign accreditation bodies?)*  yes:  *no*:  *If yes, name of AB*: …………………………………………………………. |
| *Sites of the* *certification body* :  1. *Address*: ............................................. *Code*: ......................……... *State/City*: .........................  2. *Address*: ............................................. *Code*: ......................……... *State/City*: .........................  3. *Address*: ............................................. *Code*: ......................……... *State/City*: .........................  4. *Address*: ............................................. *Code*: ......................……... *State/City*: ......................... |
| *Does the certification body have other places/branches in which it operates key activities*? *(including abroad)*  yes:  *no*:  *If yes*:  *Sites of the* Certification *Body in which it operates key activities and information about key activities operated in these sites:*  *Address*: ................................................................. P.Code: ...................... State/City: ........................  Key activities operated:  ............................................................................................................................................................................................................  *Address*: ................................................................. P.Code: ...................... State/City: ........................  Key activities operated:  ............................................................................................................................................................................................................  *Address*: ................................................................. P.Code: ...................... State/City: ........................  Key activities operated:  ............................................................................................................................................................................................................  *Address*: ................................................................. P.Code: ...................... State/City: ........................  Key activities operated:  ............................................................................................................................................................................................................  **Note :**  ***Key activities****, in general, include: policy formulation, process and/or procedure development and, as appropriate, contract review, planning conformity assessments, review, approval and decision on the results of conformity assessments.*  *Key activities for management systems certification bodies include*;   * *Policy formulation*, * *Process and/or procedure development*, * *Initial approval of auditing personnel, or control of their training*, * *On-going monitoring of auditing personnel*, * *Application review*, * *Assignment of auditing personnel*, * *Control of surveillance or recertification audits*, * F*inal report review or certification decision or approval* |

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| *Certification fields for which accreditation is requested:*  *For ISO 9001:2015 Certification activities based on IAF codes*  *For ISO 14001:2015 Certification activities based on IAF codes*  *For ISO 22000:2005 Certification activities based on categories according to ISO 22003:2013*  *For FSSC 22000 Certification activities based on categories according to FSSC 22000 certification scheme*  *For ISO 13485:2003/* *ISO 13485:2016 Certification activities based on scopes according to IAF MD 9*  *other (to be defined below)* |
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| *requested scopes of accreditation for notification purposes* |
| *As the applicant management systems certification body, we hereby declare that the EAF Accreditation Procedures and EAF Rules are understood by us and all costs that will be invoiced consistent with EAF-G.21 Accreditation Fees Guide will be paid by our management systems certification body.*  *EAF-FR.02 CAB'S Authorized Person Notification Form and EAF-FR.01 Accreditation Agreement (2 copies) shall be filled, signed by authorized person and attached to this application form.*  *After receiving the**application form and annexes, your application will be uploaded to EAF Information System. After this stage, applicant management systems certification body should upload or e-mail requested documents to EAF e-portal Information System.* |
| *Place*: .................................. *Official Stamp*  D*ate*: .............................. *Name-Signature*: ..................................................... |