Our reason for applying for the inspection body named below in accordance with

ISO/IEC 17020-2012 :

- Type A [ ]
- Type B [ ]
- Type C [ ]
- Initial Accreditation [ ]
- Extending the Scope of Accreditation \* [ ]

- Change in Accreditation Scope\* [ ]
- Accreditation Renewal \* [ ]

\*- Fill in Table 1

|  |
| --- |
| Name-Description of Inspection Body:: ................................................................................................................................................................................................... |
| Address:……………………………………………………………………………………………………………...................…….………………………………………………………….…………………………………………………………….……......…….………………………………………………………….…………………………………………………………….……......City: ………………………………… Post Code: ……………………… Country : ……….………………………………..Phone : …………………………...... Fax: …………………............................................................. e-mail: …………………………………............................ Website:...............................................................................  |
|  |
| Inspection Body Manager: Manager Representative:  Phone: E-mail :  \*\*\* Person authorized to manage the Inspection Body's relationship with the EAF during accreditation processes..  |
| Legal Status of the Organization:*Public corporation:* [ ]  Incorporated company: [ ] *Foundation:* [ ]  LLC *:* [ ]  NPO *:* [ ]  Other (Explain): [ ] Legal Owner of the Organization:........................................................................................................ |
| Personal number:Fixed Staff: ......................... Temporary contract personnel : ................................  |
| Is the Inspection Body part of another legal entity?Yes: [ ]  No : [ ] If , Yes :Name of legal entity:Address*:* Trade Register Number. :Personal number:Fixed Staff: ......................... Temporary contract personnel : ................................ Describe the Inspection Body's relationship to the above-mentioned legal entity................................................................................................................................................................................................................................................................................................................................................................................... |
| Since when has the quality management system according to ISO/IEC 17020 been implemented? (First publication date of Quality Manual and Management System Procedures)*.......................................................................................................................................................................................*Has Inspection Activity Been Conducted in the Scope(s) Applied?Yes: [ ]  No : [ ] If, Yes : Number of Reports/Documents Given (for each requested scope)........................................................................................................................................................................................If, No :Detailed information about the works you have done so far and the infrastructure you have established in the requested scopes.:.................................................................................................................................................................................................................................................................................................................................................................................. |
| Does the inspection body operate on several sites? Yes : [ ]  No : [ ] Other Addresses of the Inspection Body Address : ................................................................. P. Code : ...................... City : ...............…….Address : ................................................................. P. Code : ...................... City : ........................Address : ................................................................. P. Code : ...................... City: ........................Address : ................................................................. P. Code : ...................... City : ........................Address : ................................................................. P. Code : ...................... City : ........................ |
| Are there other locations/branches outside the headquarters where the inspection body carries out key activity(s)? (Including Overseas Offices Branches/Locations) Yes : [ ]  No : [ ] If, Yes :Information on the addresses of the Inspection Body where it carries out key activities and the key activities carried out at these addresses *:*Address : ................................................................. P. Code : ...................... City : ........................Key activity(s) carried out..............................................................................................................................Address : ................................................................. P. Code : ...................... City : ........................Key activity(s) carried out..............................................................................................................................Address : ................................................................. P. Code : ...................... City : ........................Key activity(s) carried out..............................................................................................................................**Note 1:**A **Key Activity** is, in general, the processes that affect CAB's competence, such as policy formulation, process and/or procedure development and, where appropriate, contract review, planning conformity assessment activities, review, approval and decision of the results of conformity assessment activities.. In the case of Accreditation of Inspection Bodies, the key activities are:-Policy creation,-Developing processes and/or procedures,- The process of initial selection of Inspection Personnel, and as appropriate;- Reviewing contracts,- Planning of conformity assessment activities,-Review and approval of conformity assessment activities, |

|  |
| --- |
|  Is the inspection body accredited by any accreditation body? Yes : [ ]  No : [ ]  Has it applied for accreditation to another accreditation body?  Yes : [ ]  No : [ ]   |
|  If yes, Name of accreditation body: .......................................................................................................................... |
| Application Date: ................... Accreditation Date: .................................... |
|  Accredited conformity assessment areas or areas for which accreditation has been applied:............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................ |
| Other approval and recognizability documents owned by the inspection body:: .....................................................................................................................................................................................…... ............................................................................................................................................................................................ ...........................................................................................................................................................................................  |

Table-1 Scope of Inspection Requested for Accreditation

|  |  |  |
| --- | --- | --- |
| **Inspection Area** | **Inspection Type** | **Standard/Specification** |
|  |  |  |

As the applicant inspection body, we undertake that we have read and understood the EAF Accreditation Procedures and EAF rules and that we will also pay the fees to be invoiced to us in accordance with the EAF Service Fees Guide (EAF-G.21 Accreditation Fees Guide).

*.*

 (Stamp)

Location *:.........................………...*

Date *:..............................…………...* Name & Signature :....................................................……………

**IMPORTANT REMINDERS**

**"EAF-FR.02 CAB'S Authorized Person Notification Form" and "EAF-FR.01 Accreditation Agreement" (2 copies) must be filled and signed by the authorized person to the annex of the application form.**

**-** **All pages of the Application Form and Accreditation Agreement must be signed and dated.**

**-** **After the Application Form and its annexes are submitted together, your application will be recorded in the EAF Information System. If the application is accepted following this process, your audit-related documents (Required Documents for Application) should be uploaded to the EAF e-portal by your Authorized Person.**