

Title	APPLICATION FOR THE RECOGNITION OF CERTIFICATION BODIES ACCREDITED BY THE OTHER ACCREDITATION BODIES SIGNATORIES OF MULTILATERAL AGREEMENT (EA MLA), TO ISSUE OF CONFORMITY CERTIFICATES IN COMPLIANCE TO ISO 9001 STANDARD (ACCREDIA DOCUMENT RT-05).
Reference	DR-01
Revision	01
Date	2015-07-07

Preparation	Approval	Authorization of issue	Application date
The Quality Manager	The Director of the Dept. of Certification & Inspection	The General Director	2015-07-14

1. NOTES FOR COMPLETION

1.1. STRUCTURE OF THE APPLICATION

The form shall be completed in electronic format and be signed by the legal representative of the Body or by a person authorized by the legal representative and it shall carry the stamp of the CAB.

The application shall be sent by email to the Department secretariat: milano@accredia.it

In order for it to be accepted, the application must be completed in its entirety and accompanied by all the necessary documentation requested.

Any failure to fully complete the form requires a formal explanation.

1.2. STANDARD REQUIREMENTS

The conformity assessment of the CAB to the applicable standards and to the applicable ACCREDIA regulations is performed using the modalities in accordance with General Regulations RG-16, RG-16-01 and with Technical Regulation RT-05, both available on ACCREDIA's website www.accredia.it and also available from ACCREDIA's Department of Certification and Inspection.

2. GENERAL DATA OF THE CAB

2.1. NAME AND CONTACT DETAILS

2.1.1. Name and acronym of the CAB

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.....
.....

Address of registered office

STREET NAME		
POSTAL CODE	TOWN/CITY	
PHONE		
TELEFAX		
E-MAIL		WEBSITE
Fiscal Code (if different from VAT number)		VAT number

Address of operative office (if different from above)

STREET NAME		
POSTAL CODE	TOWN/CITY	
PHONE		
TELEFAX		
E-MAIL		WEBSITE
Fiscal Code (if different from VAT number)		VAT number

Address of operative office/s in Italy

STREET NAME		
POSTAL CODE	TOWN/CITY	
PHONE		
TELEFAX		
E-MAIL		WEBSITE
Fiscal Code (if different from VAT number)		VAT number

2.1.2. Address for invoicing

STREET NAME		
POSTAL CODE	TOWN/CITY	
PHONE		
TELEFAX		
E-MAIL		
<i>Fiscal code (if different from VAT number)</i>		VAT number

2.1.3 Communications with ACCREDIA

Give an e-mail address for the receipt of all communications from ACCREDIA.

E-MAIL	
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2.1.4 Legal status of the CAB (attach a document attesting to such status):

Private organization

Public entity

Different category from above. (Specify the precise legal nature of the CAB: public, private, consortium etc.):

.....
.....

Attachment number(obligatory)

2.2. Does the CAB belong to a group? yes no

If yes, give details of the group:

NAME		
STREET NAME		
POSTAL CODE	TOWN/CITY	
PHONE		
TELEFAX		
E-MAIL		WEBSITE

2.3 ATTESTATIONS and VERIFICATIONS

2.3.1 The CAB possesses accreditation yes no

If yes, specify which (indicate the name of the AB issuing accreditation)

.....
.....

It is obligatory to attach a copy of the accreditation certificate issued for QMS certifications.

Attachment number..... (obligatory)

2.3.2 Other

Indicate the date/s of assessment activity performed by the AB at the CAB and at its operative locations in Italy in the last four years:

a)

.....
.....

b)

.....
.....

c)

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.....

2.4. GEOGRAPHICAL AREAS IN WHICH THE CAB OPERATES AND IF IT HAS ANY OPERATIVE LOCATIONS ABROAD

	Geographical area (Italy/abroad – if abroad write the name of the country)	Name of operative location abroad	Main activity

3. ORGANIZATION

3.1 Name, qualification, function and references (phone, fax, e-mail) of the legal representative of the CAB:

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3.2 Name, qualification, function and references (phone, fax, e-mail) of the legal representative of the CAB in charge of certification activities performed in Italy, QMS scheme, IAF sector 28.

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3.3 Name, qualification, function and references (phone, fax, e-mail) of the personnel with veto power role.

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3.4 Name, qualification, function and references (phone, fax, e-mail) of the person in charge of contacts with ACCREDIA.

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4. CAB PERSONNEL

4.1 Total number of CAB personnel working in assessment activities in recognized areas: technical, administrative, commercial, quality assurance etc.).

Full-time employees	
Other types of contract	

4.2 Total number of external collaborators used for conformity assessment activities, QMS scheme, IAF sector 28.

- Auditors:
- Experts:
- Other:

- 4.3 Organization chart:** an organization chart (and/or related documents) which permits an accurate understanding of the Body's organization in hierarchical terms and in terms of responsibilities and tasks, covering the Body's entire structure, shall be attached.
The chart shall clearly show the relationship between personnel who are responsible for audit activities, the Body's management and the unit (or persons) in charge of decisions taken concerning the issue of conformity declarations and suchlike.
This documentation shall also include the names and positions of persons involved in audit activities and, where applicable, the bodies which they represent (when they are external to the applicant Body.)

Attachment number..... (obligatory)

5. ASSESSMENT ACTIVITIES AND DECISIONS REGARDING CERTIFICATION

- 5.1.1 Personnel holding veto power** concerning the issue of certification to the QMS scheme, IAF sector 28 and their CVs.

Attachment number..... (obligatory)

- 5.1.2 The person or persons responsible for final decisions on the issue of certification to the QMS scheme, IAF sector 28 and their CVs.**

Attachment number..... (obligatory)

6. EXTERNAL CERTIFICATION ACTIVITY

- 6.1.1. Attach the agreement** containing the tasks and responsibilities of any Italian location/s operating for the applicant Body.

Attachment number..... (obligatory)

7. AVAILABILITY FOR ASSESSMENT

Indicate the date when the CAB is available for assessment:

.....

Is the assessment urgent? yes [] No []

If yes, give reasons:

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8. DOCUMENTATION TO ATTACH TO THE APPLICATION

- List of attachments (*at least the obligatory ones*);
- accreditation certificate for the QMS scheme;
- a document declaring the legal identity of the CAB;
- agreement between the applicant CAB and the operative location/s in Italy;
- regulation for QMS certification, containing the rights and duties of the organization which is certified or to be certified, with regard to the application of RT-05;
- controlled list of auditors and experts and their CVs including certificates or other qualifications demonstrating competence related to the present application for recognition;
- list of procedures, operative instructions and other applicable documents to the certification of the Body to the QMS scheme, IAF sector 28, and related annexes;
- qualification procedure for auditors or equivalent documents;
- list of personnel holding veto power, their names and CVs;
- procedure or equivalent document for the functioning of the Technical Committee;
- copy of the templates used for setting out the contract between the CAB and its client organizations (e.g. informative questionnaire, standard offer etc.);
- copy of the templates used for stage 1 and stage 2 audit reports;
- support documents for the audit team for QMS audit activities, IAF sector 28, such as checklist, guides, instructions etc.;
- standard copy of conformity declarations issued by the Body for QMS scheme, IAF sector 28 and relative annexes, where necessary;
- list of organizations possessing conformity declarations issued by the CAB (client organizations of the CAB), limited to assessment activities for QMS scheme, IAF sector 28. For each declaration of conformity the following shall be indicated: name, address, scope of evaluation, sector etc., application methodology. It is also obligatory to indicate the date of first issue, of the current issue and the end-date, along with copies of the relative conformity declarations.

9. DECLARATION

I hereby declare that I have read, understood and fully accept the requirements of the applicable ACCREDIA documents (General Regulations RG-16, RG-16-01, Technical Regulation RT-05 and the pricelist).

I also declare, in accordance with Law Decree 196/03 "Protection of persons with regard to the treatment of personal data", that I accept the treatment of data contained in the present document for the process of recognition performed by ACCREDIA and made available to the competent authorities, whenever so requested. ACCREDIA shall give notice of this to the organization in question which makes such request, using the means and the times indicated by such authorities.

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Rev. number: Date:

Stamp of the CAB

Signature of the officer in charge