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| |  |  |  | | --- | --- | --- | |  | | | | **Title** |  | ***Application for Accreditation of Validation and Verification Bodies*** | | **Reference** |  | **DA-11** | | **Revision** |  | **00** | | **Date** |  | **30-06-2020** |  |  | | --- | |  | | NOTE: The present document represents the English version of document under reference at the specified revision. In case of conflict, the Italian version will prevail. To identify the revised parts reference must be made to version in Italian language only. | |

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| **Preparation** |  | **Approval** |  | **Authorization** |  | **Application date** |
| Management Systems Assistant Officer |  | Director Certification and Inspection Department |  | General Director |  | 15-07-2020 |

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| --- |
| **🞎 ACCREDITATION 🞎 EXTENSION**  **🞎 REQUEST FOR PRELIMINARY ASSESSMENT**  **🞎 TRANSFER OF ACCREDITATION** |

# ACRONYM AND NAME OF THE VVB

……………………………………………………………………………………………………………………

# The claim for which is presented the application is related to:

**🞎 VERIFICATION**

**🞎 VALIDATION**

# CLAIM’S DETAIls for which is requested the accreditation:

Details the application field, the principles, *hypotheses and the prevailing conditions (for example,* temporal, geographical or physical conditions)

…………………………………………………………………………………………………………………………………………………

## **Reference standards for the Body’s clients, applicable to the accredited assessment activities.**

|  |  |  |
| --- | --- | --- |
| Accreditation scheme |  | Reference standards |
| ………………………………………………………………………… |  | ………………………………………………………………………… |
| ………………………………………………………………………… |  | ………………………………………………………………………… |

## Specify whether, for the area covered by this Application, the CAB is already accredited for another scheme (e.g Product, LAB, etc. ..) indicating the details of the accreditation and the NAB that has released it

…………………………………………………………………………………………………………………………………………………

## Programme or document for the Accreditation (Accreditation scope)

…………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………… (numerical or descriptive references can be used), (if necessary the references can be given in an Annex)

# **PERSONNEL OF THE BODY**

## Total number of INTERNAL and external collaborators used for VALIDATION/ verification activities:

|  |  |  |
| --- | --- | --- |
|  | Internal | External |
| Auditors |  |  |
| Experts |  |  |
| Others |  |  |

## ORGANIZATION CHART

## It is necessary to attach an organization chart (and/or related documents) which permits the precise identification of the body in terms of hierarchy/authority, responsibilities, functions and tasks, from the directors and down through the entire organizational structure.

## The chart must show the relations between the personnel responsible for verification activities, the direction of the body and the person/s responsible for decisions concerning the issue of declarations of verification.

## This document shall also contain the names and qualifications of persons involved in assessment processes and, if applicable, the bodies which it represents (when they are external to the applicant body).

Annex number…………..(obligatory)

# ASSESSMENT ACTIVITIES AND DECISION REGARDING VERIFICATION

## The person or unit responsible for the review before the final decision regarding the issue of validation/verification DECLARATION and their CVs.

Annex number…………..(obligatory)

## The person or unit responsible for the final decision regarding the issue of validation/verification DECLARATION and their CVs. It’s requested to send also the procedure or equivalent document of the functioning of the Technical Committee above indicated.

Annex number…………..(obligatory)

## **IF THE CAB HAS DECIDED TO HAVE IT, IT’S REQUESTED TO SEND The Composition of the Body (Impartiality Committee)** describing the representative of the interested parties, specifying, for each member, the party represented and the technical competences and/or experiences. It’s requested to send also the procedure or equivalent document of the functioning of the Impartiality Committee above indicated

Annex number…………… (obligatory)

# Sub-contracts (including TESTING LABORATORIES)

### List of subcontracted organizations entrusted with conformity assessment activities within the accreditation scope, specifying the name and addresses and stating whether accredited or not. in the case of accredited bodies, specify the name of the accreditation body, the number and date of issue of the accreditation document and (concisely) the scope of accreditation.

Annex number…………… (obligatory)

### Attach the procedure describing the criteria and modalities for qualification and recognition of the subcontracted organizations, including the contractual relations.

Annex number: .......................... (obligatory)

# DOCUMENTS TO ATTACH TO THE APPLICATION (in addition to the mandatory attachments already requested in the previous points)

|  |  |
| --- | --- |
| Type of attachment | **Please Indicate the n. of the attachment or other information to support the identification of documents that may already be available on the ACCREDIA website - Accredited Bodies Area** |
| List of attachments |  |
| Statutory and contractual relations with related entities, such as franchising contracts (required only in case of accreditation) |  |
| Last available balance *(or equivalent documents)(* required only in case of accreditation |  |
| Insurance policy *(*required only in case of accreditation*);* |  |
| Chamber of Commerce registration (required only in case of accreditation) |  |
| Quality Manual (required only in case of accreditation) |  |
| General regulation for the trademark use or equivalent document |  |
| Programme developed relating to claims which undergo an evaluation (if not already evaluated against PG 13-01). |  |
| Instruction (also in the form of a checklist) prepared by the CB for the audit team |  |
| Criteria of qualification for auditors, for persons performing the review and for decision makers |  |
| Curricula and evidence of qualifications of auditors and of persons performing the review |  |
| Procedure for the setting up and management of the audit team |  |
| Statement issued by the CB |  |
| List of attestations of verifications/validations already issued and of the upcoming audit activities (necessary data for planning witness assessments) |  |
| Procedures / contractual regulations applicable to audits and internal procedures for the management of verification/validation files (from the quotation to the attestation) |  |

***Note 1****:In cases of a request for a preliminary assessment it is necessary to send the same documentation as for applications for accreditation.*

|  |  |  |
| --- | --- | --- |
| Rev.: | \_\_\_ | Date: \_\_ /\_\_ /\_\_\_\_ |
|  | | | | **CAB’s Stamp**  **Name and Signature of the**  **del Legal Rapresentative**[[1]](#footnote-1) |

1. Legal Rapresentative or authorized delegate [↑](#footnote-ref-1)