

<b>Title</b>	<b>Application for Accreditation</b>
<b>Reference</b>	<b>DA-00</b>
<b>Revision</b>	<b>12</b>
<b>Date</b>	<b>03-05-2021</b>

<b>Preparation</b>	<b>Approval</b>	<b>Authorization</b>	<b>Application date</b>
Quality Manager	The Directors of Department	The General Director	05-05-2021

## 1. NOTES FOR COMPLETION

### 1.1. STRUCTURE OF THE APPLICATION

The ACCREDIA application for accreditation consists of a general part and of the specific annexes for the accreditation scheme requested.

To access ACCREDIA's accreditation service, **the conformity assessment bodies (CABs<sup>1</sup>)** shall complete both the application *form* regarding the general part as well as the specific part for the requested scheme.

In order to do this, it is necessary to flag the object of the application for accreditation:

- DA-00 Application for General accreditation;
- DA-01 Application for accreditation for Certification Bodies (ISO/IEC 17021-1, ISO/IEC 17024, ISO/IEC 17065, etc.);
- DA-02 Application for accreditation for Testing Laboratories (ISO/IEC 17025);
- DA-03 Application for accreditation for Inspection Bodies (ISO/IEC 17020);
- DA-04 Application for accreditation for Certification and Inspection Bodies for the purpose of subsequent notification/s (ISO/IEC 17020, ISO/IEC 17065 etc);
- DA-05 Application for accreditation for Calibration Laboratories (ISO/IEC 17025);
- DA-06 Application for accreditation for Proficiency Testing Providers (ISO/IEC 17043);
- DA-07 Application for accreditation for Verification Bodies;
- DA-08 Application for accreditation for Medical Laboratories (ISO 15189);
- DA-09 Application for accreditation for Producers of Reference Materials (ISO 17034);
- DA-11 Application for accreditation for Validation and Verification Bodies (ISO/IEC 17029).
- DA-12 Application for accreditation for Biobanks (ISO 20387);
- DA-13 Application for Certification Bodies and/or testing Laboratories for the purpose of subsequent notification according to the Reg. (UE) 305/2011 (ISO/IEC 17065, ISO/IEC 17025).

Both forms **can** be completed either by hand or electronically and **shall** be signed by the legal representative of the CAB or by a person authorized by the CAB and it shall carry the stamp of the CAB.

Applications may be sent in paper format to the postal addresses of the departments or (preferably) by e-mail to the department secretariat.

In order to be accepted, both the applications shall be completed in all the requested sections, and sent together with all the necessary documentation.

Any failure to fully complete all the paragraphs and sub-paragraphs requires a formal explanation.

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<sup>1</sup> The acronym "CAB" means Certification, Inspection and Verification Bodies, the Testing, Medical and Calibration Laboratories, Proficiency Testing Providers (PTPs), Reference Materials Producers (RMPs), Notified Bodies and Biobanks (BBK).

N.B.:

- a) *only for testing laboratories and PTPs*: in the case of any changes in personal details (e.g. name/s or address) and in the names given in point 2 of DA-02, DA-06, DA-08, it is necessary to send MD-09-29;
- b) *only for Calibration Laboratories, RMPs and Biobanks*: in the case of any changes in personal details (e.g. name/s or address), it is necessary to re-send DA-00 and, respectively, DA-05, DA-09 and DA-12 including all the updated data.  
In case of renewal, extension or reduction, it is necessary to re-send DA-00 and the DA-05 or the DA-09 or the DA-12;
- c) *only for CABs*: it is always necessary to re-send, for each typology of request (accreditation, extension, flexible scope etc.) the completed DA-00.
- d) *only for CABs*: for extension to flexible scope (DA-10), it is not necessary to send DA-00.

## 1.2. NORMATIVE REQUIREMENTS

The verification of conformity of a CAB to the requirements of the applicable standards and ACCREDIA regulations, is performed using the modalities in accordance with the General, specific and technical Regulations of accreditation, which are applicable to every type of CAB and are available on ACCREDIA's website, [www.accredia.it](http://www.accredia.it) and also at ACCREDIA's departments.

## 2. GENERAL DATA OF THE CAB

### 2.1. NAME AND CONTACT DETAILS

#### 2.1.1. Abbreviation and full name of the CAB

(Give the exact full name as used on the CAB's profile registered at the Chamber of Commerce and any other formal documents attesting its legal identity)

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Address of the registered Head Office <sup>2</sup>

STREET NAME		
POSTAL CODE	CITY	PROVINCE
TELEPHONE		
FAX		
E-MAIL		WEBSITE
CEM		
Fiscal Code (if different from VAT number)		VAT number

<sup>2</sup> The details concerning the address, phone number, fax, email and website are published in the database of ACCREDIA's website once accreditation has been granted.

**Addresses of all the CAB's operative locations** including those abroad and indications of the virtual sites with details of the activities undertaken for all the virtual sites<sup>3</sup> and personnel operating by a remote site.

Corporate name (for sites abroad with indication of corporate status)			ACTIVITY
STREET NAME			
POSTAL CODE	CITY	PROVINCE	
TELEPHONE			
FAX			
E-MAIL		WEBSITE	
CEM			
Fiscal Code (if different from VAT number)		VAT number	

**Note 1:** the Table shall be duplicated for every operative site of a multisite CAB.

**Note 2:** in cases of an application for an abroad site, attach the list of applicable laws of the states in which the sites are situated and relative object area of the application.

**Note 3:** for LAT: the column "activity" also means the conservation of the working samples (storage) and the metrological confirmation of instruments.

The **list of bodies operating by sub-contract for the CAB** (agencies, auditing companies, franchisees etc.) with details of the performed activities.

Corporate name			ACTIVITY
STREET NAME			
POSTAL CODE	CITY	PROVINCE	
TELEPHONE			
FAX			
E-MAIL		WEBSITE	
CEM			
Fiscal Code (if different from VAT number)		VAT number	

**Note:** the table shall be duplicated for each body operating by sub-contract for the CAB.

<sup>3</sup> A virtual site is an online area which permits the performance of processes, such as cloud platforms.

### 2.1.2. Name of the CAB and address/es to give on the certificate of accreditation

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.....  
Amongst those indicated above, if applicable, specify also the division/department/unit subject to accreditation This name shall be specified in the Chamber of Commerce profile and/or in the statutory/organizational documents of the CAB (attach the documents to DA-00).

### 2.1.3. Address regarding invoicing

STREET NAME		
POSTAL CODE	CITY	PROVINCE
TELEPHONE		
FAX		
E-MAIL		
Fiscal Code (if different from VAT number)	VAT number	
Addressee Code for electronic invoicing	CEM	

### 2.1.4. Communications with ACCREDIA

Give an email address for the receipt of all official communications from ACCREDIA.

E-MAIL	
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## 2.2. DATE OF START-UP OF THE CAB<sup>4</sup>

### 2.2.1. Juridical status of the CAB

Attach the Chamber of Commerce profile, legally valid (6 months), or equivalent document attesting that the applicant CAB possesses a VAT number):

- Private organization
- Public Entity
- Different category from those specified above (specify the precise legal nature of the company: public/private, consortium, academic institution etc.):

.....  
.....  
<sup>4</sup> Specify where the establishment of the CAB is recent but with personnel and management system coming from another accredited CAB.

**2.2.2. CAB shareholders**

Applicable for Certification and Inspection Bodies, also for the purpose of notification.

Give the names of physical/legal persons and their shares (of the CAB or of corporate enterprises, if they are CAB shareholders.)

**2.2.3. Does the CAB belong to a group?  YES  NO**

If yes, give details of the group:

NAME		
STREET NAME		
POSTAL CODE	CITY	PROVINCE
TELEPHONE		
FAX		
E-MAIL	WEBSITE	

**2.3. ATTESTATIONS AND VERIFICATIONS**

**2.3.1. Has the CAB obtained other accreditations, designations, authorizations, notifications or recognitions in the last 4 years?  YES  NO**

If "YES" what were they? (Indicate the Body – national or foreign – the public or private Entity, which issued the declaration)

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 .....

**2.3.2. Other**

Indicate the date and the Body, public or private, which conducted the assessment activity at the CAB in the last four years:

- a) .....
- b) .....
- c) .....

**2.4. REPORT THE GEOGRAPHICAL AREAS IN WHICH THE CAB OPERATES**

Geographical area (Italy/abroad – if abroad write the name of the country and specify the states in which personnel operates remotely)

**3. HUMAN AND TECHNICAL RESOURCES**

**3.1. HUMAN RESOURCES**

**3.1.1. Name, qualification<sup>5</sup>, position and contact details (phone, fax, e-mail) of the legal representative of the CAB:**

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**3.1.2. Name, qualification<sup>5</sup>, position and contact details (phone, fax, e-mail) of the CAB’s manager:**

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.....

**3.1.3. Name, qualification<sup>5</sup>, position and reference (phone, fax, e-mail), position of the CAB’s Management System Officer:**

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**3.1.4. Name, qualification<sup>5</sup>, function and contact details (phone, fax, e-mail) of the person in charge of contacts with ACCREDIA**

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<sup>5</sup> Indicate the study qualification.

**3.2. TECHNICAL RESOURCES**

Does the CAB possess a single corporate IT system for all its locations?

YES       NO

Specify the type of IT system used and, in case of application for accreditation for several sites, specify if from the central office it is possible to sample the documents of the other operational offices:

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**4. CAB PERSONNEL**

**4.1. TOTAL NUMBER OF CAB PERSONNEL**

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Full-time employees		University graduates		High school graduates	Others	
Other types of contract		University graduates		High school graduates	Others	

**4.2. TOTAL NUMBER OF CAB PERSONNEL INVOLVED IN ASSESSMENT ACTIVITIES COMING WITHIN THE SCOPE OF ACCREDITATION**

(technical, administrative, commercial, quality, testing etc.).

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**5. OTHER ACTIVITIES**

Describe the activities undertaken by the CAB - apart from conformity assessment activities - for which accreditation is sought - such as training, publications and so forth - indicating the type of client for which the activities are destined (*if necessary, an attachment may be used.*)

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## 6. AVAILABILITY FOR ASSESSMENT

Indicate the date from when the CAB is available for assessment: ..../.../....

Is the assessment urgent?  YES  NO

If YES, give reasons:

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## 7. DECLARATION

The CAB declares that:

- it has read, understood and fully accepted the requirements and obligations of the applicable ACCREDIA documents/regulations (including the Pricelist);
- it meets the minimum conditions for access to accreditation set out in the applicable ACCREDIA documents;
- it is in conformity with Reg. (CE) n. 765/2008 (art.7);
- it commits to maintain conformity with the requirements for accreditation and to maintain behavior which is positive, correct, transparent and collaborative with ACCREDIA;
- it commits to inform ACCREDIA if it no longer meets the conditions to fulfill the requirements for accreditation;
- it has read and accepts all the requirements and obligations of the contractual accreditation agreement, without requesting any modifications whatsoever;
- to accept, pursuant to Article 13 of the European regulation on the Processing of Data, n.2016/678 – GDPR, the processing of the data contained herein, for the purposes of the accreditation process carried out by ACCREDIA, Data Controller and, specifically, that the above information may be used by ACCREDIA for accreditation, administrative activities, international and European recognition both in voluntary sectors and in sectors regulated within EA, IAF, ILAC. Such information may be communicated and made available to the competent authorities upon request. To exercise your rights under Articles 15 to 22 of the GDPR, is possible to write to [privacy@accredia.it](mailto:privacy@accredia.it). ACCREDIA has appointed a Data Protection Officer who can be contacted at [dpo@accredia.it](mailto:dpo@accredia.it). In the latter case, ACCREDIA undertakes to inform the applicant organization, in the manner and within the time indicated by the aforementioned authorities.

- it possesses all the authorizations required by the law to perform the required activities under accreditation;
- it exonerates ACCREDIA from any responsibilities direct or indirect, deriving from the behavior of the CAB which is not conform or which is fraudulent, or that of its clients with regard to compliance with the applicable standards.

Date: \_\_/\_\_/\_\_\_\_

	<p style="text-align: center;"><b>CAB Stamp Name and signature of the Legal Representative<sup>6</sup></b></p>
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**<sup>6</sup> Legal Representative or its delegate.**

In the event of a delegation, for the purposes of the validity of the subscription, ACCREDIA reserves the right to request from the CAB the document certifying the legitimacy powers of the delegate (e.g. proxi, determinations, resolution of the Board).