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| **TITLE** | **APPLICATION FOR ACCREDITATION OF VALIDATION AND VERIFICATION BODIES** |
| **REFERENCE** | **DA-11** |
| **REVISION** | **00** |
| **DATE** | **12-01-2023** |
| **NOTE** | *The present document represents the English version of the 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 the Italian version only.* |

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|  | **PREPARATION** |
| **MANAGEMENT SYSTEM REFERENCE OFFICER DEPARTMENT OF CERTIFICATION AND INSPECTION** |
| **APPROVAL** |
| **THE director department certification and inspection** |
| **AUTHORIZATION** |
| **THE general director** |
| **APPLICATION DATE** |
| **12-01-2023** |

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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:

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

## **progrAmme or accreditation document (accreditation scope)**

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

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

3.2 REFERENCES FOR CUSTOMERS OF THE BODY (NORMATIVE REFERENCES APPLICABLE TO THE ASSESSMENT ACTIVITIES SUBJECT TO ACCREDITATION)

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## SECTORS OF ACCREDITATION

*Specify e.g. activity groups for EU ETS GHG emission verification, EPD categories…*

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

**3.4 SPECIFY IF, FOR THE FIELD SUBJECT OF THIS ACCREDITATION APPLICATION, THE ORGANIZATION HAS ACCREDITATION FOR ANOTHER SCHEME (E.G. PRD, LAB, ETC..) INDICATING THE DETAILS OF THE ACCREDITATION AND THE AB THAT GRANTED IT**

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# **PERSONNEL OF THE BODY**

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

|  |  |  |
| --- | --- | --- |
|  | Internal | External |
| Verifiers/validators |  |  |
| 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…………..(*mandatory*)

# ASSESSMENT ACTIVITIES AND DECISION REGARDING VERIFICATION

### THE PERSON OR UNIT RESPONSIBLE FOR THE REVIEW PRE-ENGAGEMENT THE ISSUE OF VALIDATION/VERIFICATION DECLARATION AND THEIR CVS.

Annex number…………..(*mandatory*)

### THE PERSON OR UNIT RESPONSIBLE FOR THE REVIEW BEFORE THE DECISION REGARDING THE ISSUE OF VALIDATION/VERIFICATION DECLARATION AND THEIR CVS.

Annex number…………..(*mandatory*)

## 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…………..(*mandatory*)

## **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…………… (*mandatory*)

# 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…………… (*mandatory*)

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

Annex number: ..........................(*mandatory*)

# 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 |  |
| Statute 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)* |  |
| Company registration report (*required only in case of accreditation)* |  |
| Insurance policy *(required only in case of accreditation)* |  |
| List of Procedures, Operative Instructions and other documents applicable to the activities of the CAB *(required only in case of accreditation)* |  |
| Quality Manual (*required only in case of accreditation*) |  |
| Latest revision of the programme developed in relation to the Claim being applied for as already assessed according to documents PG-13-01, EA 1/22, IAF MD 25 |  |
| Instruction (also as a checklist) prepared by the CAB for the Validation/Verification team |  |
| Criteria of qualification for verifiers/validators, for persons performing the review and for decision makers |  |
| Curricula and evidences of qualifications of verifiers/validators and of persons performing the pre-engagement |  |
| Procedure for the setting up and management of the validation/verification team |  |
| Statement issued by the CAB |  |
| List of verifications/validations statements already issued and of the upcoming verifications/validations activities (necessary data for planning witness assessments) |  |
| Contractual procedures/regulations applicable to the verification/validation, including regulation for the use of the trademark or equivalent document, as well as the internal procedures for the management of the validation / verification practice (from the pre-engagement to the statement) |  |

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

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| 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)