SRI LANKA ACCREDITATION BOARD
for CONFORMITY ASSESSMENT

APPLICATION FORM *for* ACCREDITATION *of* CERTIFICATION BODIES

Instructions to the Applicant:

1. Please submit duly filled application along with the questionnaire
2. Quality Manual of the Certification Body and associated documents referred in the application shall also be submitted along with the application

Director /CEO,
Sri Lanka Accreditation Board for Conformity Assessment,
No. 104/A,
Kitulwatte Road,
Borella

APPLICATION FOR ACCREDITATION OF CERTIFICATION BODIES

Please tick as suitable and provide details of the Certification Scheme described below.

❑ First Accreditation

☐QMS ☐EMS ☐FSMS ☐Product ☐Persons ☐Other (Pls. specify)……

❑ Scope Extension

☐QMS ☐EMS ☐FSMS ☐Product ☐Persons ☐Other (Pls. specify)……

Accreditation No:

Date of Accreditation:

Date of Expiry of Accreditation:

Accredited Scope:

❑ Renewal of Accreditation

☐QMS ☐EMS ☐FSMS ☐Product ☐ Persons ☐Other (Pls. specify)……

Accreditation No:

Date of Existing Accreditation:

Date of Expiry of Existing Accreditation:

Accredited Scope:

1. Organization / Company Information

1.1. Organization / Company Name:

1.2. Registered Address:

Tel	Fax	E-Mail Web Site

1.3. Locations:

1.3.1 Locations with key activities:

1.3.1.1 Management system Certification (Please attach additional pages if required):

Key activities	**Please "√" as relevant**	**Address and Correspondence details (telephone, fax, e-mail and website if any) In case of locations outside Sri Lanka the Policy on Cross Frontier Accreditation (AC-RG(P)-07) applies.**	
		Main Office	**Sites**
Policy formulation;			
Process and/or procedure development;			
Initial approval of auditing personnel, or control of their training;			
On-going monitoring of auditing personnel;			
Application review;			
Assignment of auditing personnel;			
Control of surveillance or recertification audits;			
Final report review or certification decision or approval.			

1.3.1.2 Product Certification (Please attach additional pages if required):

Key activities	**Please "√" as relevant**	**Address and Correspondence details (telephone, fax, e-mail and website if any) In case of locations outside Sri Lanka the Policy on Cross Frontier Accreditation (AC-RG(P)-07) applies.**	
		Main Office	**Sites**
policy formulation and approval;			
process and/or procedure development and approval;			
initial assessment of competence, and approval of technical personnel and subcontractors;			
control of the monitoring process of competence of personnel and subcontractors and its outcomes;			
contract review including technical review of applications and determining the technical requirements for certification activity in new technical areas or areas of limited sporadic activity;			
decision on certification including technical review of evaluation tasks			

1.3.1.3 Bodies certifying persons (Please attach additional pages if required):

Key activities	**Please "√" as relevant**	**Address and Correspondence details (telephone, fax, e-mail and website if any) In case of locations outside Sri Lanka the Policy on Cross Frontier Accreditation (AC-RG(P)-07) applies.**	
		Main Office	**Sites**
Policy formulation and approval;			
Development and approval of processes and procedures necessary for the operation of the certification of persons systems, including requirements for selection and appointment of examiners;			
Review of applications and of contractual arrangements associated with the assessment and certification of persons;			
Development, evaluation and maintenance of the examination(s) and of re-certification;			
Decision on certification of persons, including signing or authorization of certificates;			
Development and approval of policies, processes and procedures for the resolution of appeals and complaints received from applicants, candidates, certified persons and their employers and other parties about the certification process and criteria;			
Final decision on appeals and complaints.			

1.3.1.4 Is remote personnel conducting key activities managed from sites? If yes specify number of persons and activities:

1.3.1.5 Is remote SLAB assessment of sites from the head office possible?

1.3.2 Locations with other (non-key) activities eg. Audit planning, marketing, promotion, financing etc. (Please attach additional pages if required):

Address and Correspondence details (telephone, fax, e-mail and website if any) **In case of locations outside Sri Lanka the Policy on Cross Frontier Accreditation (AC-RG(P)-07) applies.**	**a. Specify activities that are carried out at the location** **b. For which part(s) of the main fields of the requested scope?** **c. Number of personnel involved** **d. Is remote SLAB assessment of the site from the head office possible?**
	a. b. c. d.
	a. b. c. d.
	a. b. c. d.
	a. b. c. d.

1.3.3 Activities in countries without locations - Sites (Please attach additional pages if required):

Address and Correspondence details (telephone, fax, e-mail and website if any) **In case of locations outside Sri Lanka the Policy on Cross Frontier Accreditation (AC-RG(P)-07) applies.**	**a. Which activities are carried out in the country under SLAB accreditation?** **b. Related to which part(s) of the main fields of the requested scope** **c. Specify number of persons conducting the activities in this country** **d. Which site mentioned in table 1.3.1 or 1.3.2 manages the activities in the country?**
	a. b. c. d.
	a. b. c. d.
	a. b. c. d.
	a. b. c. d.

1.4. Is your organization registered in Sri Lanka / Outside Sri Lanka?

Please give details of registration; Reg. No, Relevant Act etc.

1.5 The type of Organization *(Please tick the appropriate cage)*

- ❑ Private limited company
- ❑ Private partnership
- ❑ Public limited company
- ❑ Public body
- ❑ Statutory Body
- ❑ Other: _____

1.6 Contact Details of Managing Director /CEO

Name	
Position	
Address	

Tel	Fax	E-Mail

1.7 Contact Person

	Name	Position	Address	Correspondence details, Telephone, Fax, e-mail)
Head Office				
Sites 1 2 3				

2. Information on Accreditation Requested

2.1 Give details of the Activities you seek Accreditation and indicate the scope sector and the Applicable Standard/Guide

Activity	Scope	Applicable Standard/Guide

(Please refer SLAB Rules and procedures for Accreditation of Certification Bodies- CB-RG(P)-02).

2.2 Is your organization Accredited by another Accreditation Body? If so please specify (Attach documents for proof)

Activity and Scope of Accreditation	Against which Standard	Name of Accrediting institution	Period of Validity of Accreditation

2.3 Is the location where you operate considered as critical location by the Accreditation Body?

2.4 Give details of the other certification activities, your organization is currently engaged with.

Non Accredited Certification scopes/Areas	Against which standard

2.5 Give details of the certification activities your organization is currently operated in other countries

Certification scopes/Areas	Against which standard	Country	Total number of certified clients for scopes/ areas	Total number of certified clients for scopes/areas which accreditation is being sought

3. Staff Information

(Attach organization structure of the Certification Body and its relationship to parent organization if any)

3.1 Total Number of Staff

3.2 Resources Available *(Please tick the appropriate cages)*

- ❑ Auditors Locally Available
- ❑ All Auditors sourced from outside Sri Lanka
- ❑ Assessors sourced from outside Sri Lanka based on needs

Break Down of the Staff who is connected with the Certification Activities

Designation	Number	Permanent	Contract

3.2 Information regarding any individual or organization that has provided consultancy for being prepared towards SLAB accreditation.

3.3 Details of Auditors who will be used for Auditing purpose on the activities and scope applied.

(Attach List of Auditors with their competence for scope sectors)

Location of site/branch/regional office/agent office	**No. of Qualified Permanent Auditors**		**No. of Qualified Contracted Auditors**	
	Local	**Foreign**	**Local**	**Foreign**

3.4 Please briefly specify the method adopted to qualify staff for auditing activities

3.5. If you out source Audit Activities, please give details

4. Clients

4.1 Please give a breakdown of your clients based on the type of certification/scope

Certification/Scope *(Indicate the code or number as appropriate)*	**Number of Clients** *(as at the date of submission of this questionnaire)*

Please attach a list of Clients for each scope sector.

Please attach additional pages if required

5. Other Information

5.1 Please give any other details that you may consider be relevant to this Application.

6. Declaration

We declare that

6.1 We are familiar with and will abide by the terms and conditions of maintaining SLAB accreditation (CS-RG(P)-03 / CP-RG(P)-03) included in the agreement to be signed by both parties, which is enclosed.

6.2 We agree to comply with accreditation procedures, pay all costs for pre-assessment, assessment, verification visit (if any), surveillance and reassessment irrespective of the result.

6.3 We agree to co-operate with the assessment team appointed by SLAB for examination of all relevant documents by them and their visits to the certification body that are part of the scope of accreditation.

6.4 All information provided in this application is true and correct.

Signature		Date	
Name			
Position			