



**SRI LANKA ACCREDITATION BOARD
for CONFORMITY ASSESSMENT**

APPLICATION FORM
for ACCREDITATION of GHG
VALIDATION/VERIFICATION
BODIES

Instructions to the Applicant:

1. Please submit duly filled application along with the questionnaire
2. Management System Manual of the GHG Validation/Verification Body and associated documents referred in the application shall also be submitted along with the application

APPLICATION FOR ACCREDITATION OF GHG VALIDATION/VERIFICATION BODIES

Please tick as suitable and provide details of the GHG Validation/Verification Scheme described below.

First Accreditation

Organizational Project Carbon Footprint Other (Pls. specify).....

Scope Extension

Organizational Project Carbon Footprint Other (Pls. specify).....

Accreditation No:

Date of Accreditation:

Date of Expiry of Accreditation:

Accredited Scope:

Renewal of Accreditation

Organizational Project Carbon Footprint Other (Pls. specify).....

Accreditation No:

Date of Existing Accreditation:

Date of Expiry of Existing Accreditation:

Accredited Scope:

SRI LANKA ACCREDITATION BOARD FOR CONFORMITY ASSESSMENT				
Title: Application Form for GHG Validation/Verification Bodies			Doc No: GHG –FM (P) -01	
Issue No: 02	Date of Issue: 2016-05-23	Rev No: 01	Date of Rev: 2017-03-29	Page: 1 of 11

1. Organization / Company Information

1.1. Organization / Company Name:

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1.2. Registered Address:

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Tel	Fax	E-Mail Web Site
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1.3. Operational Address (If different):

	Address	Operational Scope / Validation/Verification activities	Correspondence details (Telephone, Fax, e-mail and Web site if any)
Main Office			
Sites			
1			
2			
3			

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)*

- | | |
|--|--|
| <input type="checkbox"/> Private limited company | <input type="checkbox"/> Private partnership |
| <input type="checkbox"/> Public limited company | <input type="checkbox"/> Public body |
| <input type="checkbox"/> Statutory Body | <input type="checkbox"/> 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 GHG Validation/Verification Bodies).

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 a critical location by the Accreditation Body?

SRI LANKA ACCREDITATION BOARD FOR CONFORMITY ASSESSMENT			
Title: Application Form for GHG Validation/Verification Bodies		Doc No : GHG –FM (P) -01	
Issue No: 02	Date of Issue: 2016-05-23	Rev No: 01	Date of Rev : 2017-03-29 Page: 5 of 11

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

Non-accredited Certification/validation/ Verification scopes/Areas	Against which standard

2.5 Give details of the GHG Validation/Verification activities your organization is currently operated in other countries.

GHG Validation/ Verification scopes /Areas	Against which standard	Country	Total number of validated/ verified clients for scopes/ areas	Total number of validated/verified clients for scopes/areas which accreditation is being sought

3. Staff Information

(Attach organization structure of the Validation/Verification Body and its relationship to parent organization, if any)

3.1 Total Number of Staff

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

- Validators/ Verifiers Locally Available
- All Validators/ Verifiers sourced from outside Sri Lanka
- Validators/ Verifiers sourced from outside Sri Lanka based on needs

Break Down of the Staff who is connected with the Validation/Verification Activities

Designation (Team leader/ Validator/ Verifier/Technical Expert)	Number	Permanent	Contract

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

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3.3 Details of Validators/Verifiers who will be used for validation/verification of the activities and scopes applied.

(Attach Lists of Validators/Verifiers with their competence for scope sectors)

Location of site/branch/regional office/agent office	No. of Qualified Permanent Validators/Verifiers		No. of Qualified Contracted Validators/Verifiers	
	Local	Foreign	Local	Foreign

3.4 Please briefly specify the method adopted to qualify staff for validation/verification activities

3.5. If you out source Validation or Verification Activities, please give details

4. Clients

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

Validation/Verification/Scope (<i>Indicate the code or number as appropriate</i>)	Number of Clients (<i>as at the date of submission of this questionnaire</i>)

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.

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6. Declaration

We declare that

- 6.1 We are familiar with and will abide by the terms and conditions of maintaining SLAB accreditation (GHG-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 GHG Validation/Verification 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

SRI LANKA ACCREDITATION BOARD FOR CONFORMITY ASSESSMENT				
Title: Application Form for GHG Validation/Verification Bodies			Doc No : GHG -FM (P) -01	
Issue No: 02	Date of Issue: 2016-05-23	Rev No: 01	Date of Rev : 2017-03-29	Page: 11 of 11