

IACCA Ref. No:																				
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APPLICATION FOR ACCREDITATION OF CERTIFICATION BODIES FOR MANAGEMENT SYSTEMS

PART 1: GENERAL INFORMATION									
<i>This form should be completed in full and returned to:</i>									
IACCA PVT. LTD. Bangalore									
Date of Application									
Organization									
Service Tax Applicable <i>(where applicable)</i>									
Contact Person							Title		
Position									
Postal Address									
Physical Address									
Tel No:		Direct Tel No:			Fax No:				
Mobile No:			Email address:						
Field of Operation									
Application for: <i>(Tick as appropriate)</i>									
Initial Accreditation <input type="checkbox"/>				Extension of Accreditation <i>Proceed to complete</i> <input type="checkbox"/> <input type="checkbox"/> Part 3 for new staff <input type="checkbox"/> Part 4 for new test method <input type="checkbox"/> Part 5					
Other <input type="checkbox"/>		<i>(Please specify)</i>							
Type of Accreditation sought <i>(Tick as appropriate)</i>									
Quality Management Systems (QMS) – ISO/IEC 17021				Food Safety Management Systems (FSMS) – ISO/IEC 17025					
Environmental Management Systems				Hazard Analysis and Critical Control Points					

(EMS) – ISO/IEC 17021		(HACCP) – ISO/IEC 17021	
Occupational Health & Safety Management Systems (FSMS) – ISO/IEC 17021		Information Management Systems (IFMS) – ISO/IEC 17021	
Other <i>(Please specify)</i>			

PART 2: INFORMATION REGARDING YOUR ORGANIZATION

Description of the main activities of the applicant organization *(Please underline those activities for which accreditation is sought)*:

What is the legal status of your organization?
e.g. Pvt Ltd / Ltd. privately owned or other

2 registration details in case of sole proprietorship

Total number of employees in the whole organization or group of organizations	Number of employees involved in area(s) seeking accreditation
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Please attach an organogram of your organization indicating the structure of the sections/units/areas to be accredited and their relation to the rest of the organization.

Has the organization ever been accredited before? Yes No

If yes state name of accreditation body:

Does the organization have an established formal management system? Yes No

If yes state standard upon which system is based:

How long has this system been in operation?

What training has been provided for the implementation and maintenance of the system

To whom has the training been provided for?

PART 3: INFORMATION ON SENIOR STAFF

Scheme Name	Parameters	Frequency of Participation
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please give the following details of the Quality Manager and Technical Manager, where applicable.

Name		Position	
Area of responsibility		No. of staff supervised in area	
Qualifications, experience, training and competence analysis:			

Name		Position	
Area of responsibility		No. of staff supervised in area	
Qualifications, experience, training and competence analysis:			

PART 4: SCOPE OF APPLICATION

4.1 Please indicate for which scope sectors accreditation is sought.

EAC Code	NACE Code	Description	No. of Certifications	No of Auditors	Please tick as appropriate		
					QMS	EMS	OHSMS
1 (part)	A	Agriculture					
1 (part)	B	Fishing					
2	C	Mining and quarrying					
3	DA	Food products, beverages and tobacco					
4	DB 0 93,01	Textiles and textile products Washing and (dry-) cleaning					
5	DC G 52.71	Leather and leather products Repair or articles of leather					
6	DD	Wood and wood products					
7 (part)	DE 21.1	Pulp and paper					
7 (part)	DE 21.2	Paper products					
8	DE 22.1, 3	Publishing companies					
9 (part)		Reproduction of recorded media					
9 (part)	DE 22.2, 3	Printing companies					
10	DF 23.1, 2	Manufacturer of coke and refined petroleum products					
11	DF 23.3	Nuclear fuel					
12	DG minus 24.4	Chemicals, chemical products and fibres					
13	DG 24.4	Pharmaceuticals					
14	DH	Rubber and plastic products					
15	DI minus 26.5,6	Non metallic mineral products					
16	Di 26.5,6	Concrete, cement, lime, plaster, etc.					
17 (part)	DJ 27	Basic metals					
17 (part)	DJ 28	Fabricated metal products					
18	DK minus 29.7	Machinery and equipment					
19 (part)	DL 32.1	Electronic valves, tubes and other (micro-) electronic components					
19 (part)	DL minus 32.1; DK 29.7 G 52.72, 73, 74	Electrical and optical equipment Domestic appliances Repair of household goods etc.					
20	DM 35.1	Shipbuilding					
21	DM 35.3	Aerospace					
22	DM 34, 35.2, 4, 5	Other transport equipment					
23	DN 36	Manufacturing not elsewhere classified					
24	DN 37	Recycling					
25	E 40.1	Electricity supply					
26	E 40.2	Gas supply					
27	E 40.3, 41	Water supply					
28	F	Construction					
29 (part)	G 51, 52	Wholesale & retail trade					
31 (part)	I minus 64	Transport & storage					
29 (part)	G 50	Sale, maintenance & repair of motor vehicles, motor cycles					
30	H	Hotels and restaurants					
31 (part)	I 64	Post and telecommunication					
32 (part)	J	Financial mediation					
32 (part)	K 70	Real estate					
32 (part)	K 71	Renting					
33	K 72	Information technology					
34	K 73, 74, 2, 3, 7, 81	Engineering services Research and development					
35	K 74 minus 74, 2, 3, 7, 81	Other professional services					
36	L	Public administration					

37	M	Education				
38	N	Health and social work				
39 (part)	O 90	Sewage & refuse disposal & sanitation				
39 (part)	O 92	Recreational, cultural and sporting activities				
39 (part)	O 91, 93 minus 93.01	Other social services				

.2 For HACCP certification please indicate the scope for which accreditation is sought			No of certifications	No of Auditors	Please tick
1	Meat and edible meat offal, preparations and products				
2	Fish, crustaceans, mollusks and other aquatic invertebrates, preparations and products				
3	Sugars, honey and sugar confectionaries				
4	Edible oils and fats				
5	Vegetables, fruits, nuts or other parts of plants, preparations and products				
6	Grains, cereals, cocoa, starch and pastry-cook, preparations and products				
7	Beverages, beer, wine and spirits, preparations and products				
8	Milk and dairy, preparations and products				
9	Food preparations and catering (excluding street-vendors)				
10	Street vended foods				
11	Coffee, tea, salt, herbs and spices				
12	Poultry, preparations and products				

PART 5: DECLARATION

Chief Executive Officer (CEO) or authorized official must authorize this form.

The following is enclosed (please tick as appropriate)

Copy of the Quality Manual and relevant completed IACCA checklist indicating where in the Quality Manual the requirements have been met		Application Fee:	
Other documentation (Specify any other documents attached to the application form)			

Documentation to be submitted prior to document review:	Tick
a) Duly completed Application Form	
b) Quality Management System Manual	
c) Information on	
i) Scope sectors for which accreditation is sought	
ii) Number of certifications per scope	
iii) Number of auditors for each scope	
d) Signed IACCA Accreditation Agreement	
e) Proposed assessment dates (for scope extensions only)	

Upon accreditation, my organization agrees to comply with the IACCA accreditation requirements and procedures.

I enclose a copy of the Quality Management System Manual and duly completed Check List indicating where in the quality manual the requirements have been met.

I enclose an **application** fee. I understand that this fee is not refundable.

I understand the manner in which the accreditation system operates and its functions. IACCA does not accept any responsibility for the actions, or the results of any actions, of an accredited organization. I, the undersigned, agree, as the authorized officer of the applicant independent entity that any liability of IACCA which may arise due to negligence related to any accreditation is limited to a refund of the annual fee payable by the organization.

I declare that the information given in this **application** is both correct and accurate to the best of my knowledge and belief. I undertake to inform IACCA timely of any changes with respect to the application and accept full responsibility for any costs incurred as a result of any changes not reported to IACCA timely.

Signed and stamped

Name (print)	
Position	
Date	

