

Application for Accreditation

Name of the Applicant Body

Accreditation Applied for

QMS/EMS

(Tick as applicable)

**American International Accreditation
Council
Bureau of Accredited Registrars**

BCB-F 001 June 2010

1. Name

[illegible]

2. Address of

[illegible]

3. Legal Status

4. Phone No.

Fax No.

[illegible]

6. Accredited by any other body yes ☐ No ☐

6. a Name of the Body

6. b Scopes of Accreditation

6. c Accreditations No. (If any)

7. Scopes of Accreditation applied for (Refer BCB 2010)

[illegible]

8. Locations to be included in accreditation

9. Number of Auditors and staff

	Head Office		Location 1		Location 2	
	Auditors	Staff	Auditors	Staff	Auditors	Staff
9. a Full time						
9.b Other						

10. Number of Organisations Certified against each scope

Scope	Name of Organisations	Scope	Name of Organizations

11. Total number of organizations Certified

12. Other Activities besides certification

13. Related organizations in similar business (Training, Consulting, Certification)

14. List of enclosures (Please mark in the box)

a. Quality Manual, Procedures and Cross-reference Matrix	<input type="checkbox"/>
b. Sample of the Certificate and the schedules if any	<input type="checkbox"/>
c. Sample of the Certification agreement if any	<input type="checkbox"/>
d. Sample of the Mark of the applicant and proof of its ownership rights	<input type="checkbox"/>
e. List of the auditor staff (full time and other) location wise with their specialization against the scopes applied for	<input type="checkbox"/>
f. List of the Certified organizations against each scope	<input type="checkbox"/>
g. Description of the liability insurance held	<input type="checkbox"/>
h. Application fee	<input type="checkbox"/>
i. Letter of authorization from management to act behalf of the CB	<input type="checkbox"/>
J. Other _____	<input type="checkbox"/>

Note: Please attach additional sheet where necessary

I/We, on behalf of _____

Apply for accreditation against the scopes specified in column 7, and declare that

- (i) The information given in this application is true.
- (ii) The accreditation criteria and accreditation procedures have been read & understood.
- (iii) The applicant body has adequate resources to conduct certification in accordance with the accreditation criteria and other guidance documents.
- (iv) The applicant body will pay the fee as per the applicable fee schedule.
- (v) If any information given by the applicant body is wrong or the applicant body is found to be not complying to the criteria of accreditation or other specified rules and regulation, the accreditation may be suspended or withdrawn at the discretion of the Board.
- (vi) The applicant body agrees to provide access to all the information relevant to the certification system (including details of complaints, disputes and appeals) for which accreditation is sought.
- (vii) The applicant body will, from the date of signing of this application,
 - a) Comply to the accreditation criteria and the rules of the Board.
 - b) Shall ensure that none of the acts of omission or commission of the applicant body will bring the accreditation and certification system to disrepute.
 - c) Shall ensure that it will not overstate its capabilities with respect to the scopes for which it has applied for accreditation.
 - d) Shall take appropriate corrective and preventive action on its conduct and issues that are indentified by the Board as contrary to the conditions at vii) to vii) c.

Signature of

Authorized Signature : 1. _____ 2. _____

Name _____

Designation _____

Date _____