

**APPLICATION FOR LISTING AS A
CERTIFYING BODY**
REFER TO ASSOCIATED GUIDES 32 & 59 FOR INFORMATION ON BECOMING ACCREDITED

Notes on completing this form

- 1 Read the form carefully before filling it in.
- 2 Please fill in with black or dark blue pen.
- 3 Photocopies of sample certificates supporting your application and your Terms & Conditions must be supplied with the completed form
- 4 You should confine your remarks to this form, but you may include an organisation structure if you wish to show your relationship to other organisations connected to your business.
- 5 An application form for accreditation cannot be accepted unless it is accompanied with the full application fee in accordance with Guide ASL(G)72.
- 6 When completed, this document must be sent to The Administration Manager of NACCS. Photocopies of sample certificates should also be included.
- 7 In submitting this application, the applicant agrees to abide by the terms and conditions of NACCS, amended if appropriate, if a contract is entered into.

SECTION 1			
NAME OF FIRM:			
LEGAL STATUS (<i>Ltd = Limited Company, ST = Sole Trader, PT = Partnership, PLC = Public Limited Company, OT = Other.</i>) Note: Organisation must be a legal entity.:			
WORKS ADDRESS:			
SURNAME AND FORENAME OF PRINCIPLE CONTACT:			
PRINCIPLE CONTACT EMAIL:			
EMAIL FOR GENERAL ENQUIRES (<i>this will appear on the accreditation statement on the NACCS website</i>):			
TELEPHONE:		MOBILE:	
WEBSITE:		FAX:	

TRADING STYLES

TRADING STYLE OR BUSINESS NAME	Scope of Activities List standards / Activities that you wish to certify. NOTE, there is a separate application fee for each standard.	
Click or tap here to enter text.	CERTIFICATION STANDARD	STANDARD YOU WISH TO BE AUDITED AGAINST
Click or tap here to enter text.	Click or tap here to enter text.	ISO 17021:2015

NOTE: Organisation must be a legal entity

HISTORY

Please advise if in the last two years, this business has been involved with consultancy. If so, please explain how consultancy and certification is to be separated.

SECTION 2 ORGANISATIONAL STRUCTURE		
Please attach an organisation structure chart		
TITLE	NAME	YEARS EXPERIENCE
Managing Director		
Certification Manager		
Chair of Impartiality Committee		
Administration Manager		
Audit Manager		
Management Rep. for Quality		
Note 1. Full CV and evidence of skills and competence will be required for the above, and other key persons. Note 2. Add a separate organisation diagram. Note 3. Please indicate family or similar relationships between the above		

SECTION 3 (i) EQUITY Please name principle shareholders and % shares held		
POSITION	NAME	% SHARES
SECTION 3 (ii) Revenue Streams Please state if you have other revenue streams that sustain your current standard of living.		
<p>_____ (a) Revenue from QA and similar non-certification activities such as consultancy</p> <p>_____ (b) Revenue from other business activity</p> <p>_____ (c) Revenue from unaccredited certification activities.</p> <p>_____ (d) Unearned income stream</p> <p>_____ (e) No other revenue</p>		

SECTION 4 OTHER CBs (i) Please advise if in the last two years, any of the persons named in box 2 above have had a business relationship with any other certification body that may have lost its accredited status, or if your employment with any other certification body has been terminated. Please state your role in that organisation.

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SECTION 4 OTHER CBs (ii) Please advise if in the last two years, any of the persons named in box 2 above have had a business relationship with any other certification body IN ANY CAPACITY. Please state their role in that organisation.

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SECTION 5. INTERESTS Please advise any current (or within two years) business interest or employment, that the persons named in Section 2 have been involved with. If employed, please state the reasons for terminating that employment. Typically, we wish to know about consultancy, training or any activity related to certification. If relevant describe persons not named above

POSITION	NAME	CURRENT & LAST TWO YEAR HISTORY
Managing Director		
Certification Manager		
Chair of Impartiality Committee		
Administration Manager		
Audit Manager		
Management Rep' for Quality		

SECTION 6. REASON: Please advise the reasons for seeking accreditation. (e.g. reputation, technical approach, market awareness, user-friendliness, cost effectiveness etc.).

SECTION 7. INTEGRITY: Please advise any matter with respect to persons named in section 2 and 4 that may be deemed significant when adjudicating your application should it come to light later.

(Be advised that NACCS aspire only to the highest levels of impartiality with the certification process. In this respect the personal integrity and ethical history of applicants and all members of their teams and backers is deemed very important. Not declaring what may be deemed significant will be viewed an inability or unwillingness to adopt principles of honesty, integrity and ethical behaviour and a failure to participate in continuing professional development.)

SECTION 8. PAST PERFORMANCE: Please advise any outstanding matter related to non-conformity within your own organisation **or** customer complaint regarding your services. Please advise if any government, local authority or professional body has ever undertaken an investigation into your organisation and **or** any of the persons named above.

SECTION 9. GENERAL		Answer Yes or No
9.1	Do you realise that it is a requirement for all organisations that they should be set up for, and implement a management system, in recognition of recognised standards for bodies certifying management systems?	
9.2	Do you accept that your application and payment of administration fees, which are non-refundable, do not guarantee that accreditation will be achieved?	
9.3	Do you currently have a documented management system for bodies certifying management systems?	
	If not, when will it be ready?	
9.4	Do you understand that you are not permitted to have interests in consultancy?	
9.5	How long have you been operating as a Certification Body?	
9.6	Do you have proof of your status as a legal entity? This should be provided.	
9.7	Where did you learn about NACCS?	
9.8	Have you worked with any other NACCS accredited organisation before?	
	If yes, who?	

SECTION 10. CONFIRMATION:

I confirm that in order to be accredited by NACCS, our organisation:

- (i) Will need an extensive document review and examination of evidence which is only begun following payment of the initial Administration Fee which is non-refundable.
- (ii) Will need a review and continuing research into our activities and the principal members of our management team pursuing technical, professional and ethical lines of enquiry
- (iii) Will need a visit by an NACCS officer(s) to our premises to verify the substance of documents and our arrangements as a certification body,
- (iv) Will need to have our certification activities witnessed at our clients' sites,
- (v) Will need continuing levels of surveillance by NACCS,
- (vi) Will need to provide the travel and accommodation costs of NACCS at our expense and paid for in advance of the activity.
- (vii) Will need to host the representative of NACCS at all times when not in their hotel accommodation.
- (viii) Will agree to list all certificates and renewals at the NACCS nominated listing website (currently www.irqao.com) for which initial and annual fees are payable.

Please confirm your understanding, agreement to the above statements and declaration that the information on this application form is correct to the best of your knowledge.:

Signature:

Print Name:

Date:

Position in the organisation (job title):

SECTION 11. RESUME: To assist us please give a brief and concise résumé of your organisation. State each type of service offered on a separate line, listing relevant standards that you may observe. Attach a copy of the standards if they are unlikely to be recognised at a national level. Indicate how long you have been trading. If a start-up, indicate previous experience or attach a CV.

Use continuation sheets if necessary

SECTION 12. DOCUMENTATION REGISTER

The documents listed in this section are considered most likely to contain sufficient evidence for a successful document assessment. Please complete the **APPLICANT'S DOCUMENT NAME** and **DOCUMENT NUMBER** for each document that demonstrates your responses to the ISO 17021 clause listed. Further documents/evidence may be required during the assessment process.

NOTE: It is not mandatory that certifiers should have documents of the same name and title as that shown below. It is mandatory that certifiers have documents that perform the same function as that implied by the names given below. Copies of all documents will be required to be submitted to NACCS secure registry before a decision on accreditation is made.

DOCUMENT	APPLICANT'S DOCUMENT NAME	APPLICANT'S DOCUMENT NUMBER	TYPE	ISO 17021 Clause	ISO 17021 Clause	ISO 17021 Clause	ISO 17021 Clause	ISO 17021 Clause	ISO 17021 Clause
Appeals Procedure			P	9.7.1					
Attendance list			F	9.4.7.1					
Audit Plan			F	9.2.1.1/2	9.2.3.1	9.2.3.3	9.3.1.2.2	9.4.1	
Audit report			F	9.1.4.3	9.3.1.2.3	9.4.7.1	9.4.8.1/2		
Auditor Contract			F	7.3					
Certificate & schedules.			F	8.2.1	A sample certificate should be included with this application				
Certification Procedure			P	9.5.1.1	9.5.2				
Client contract			F	5.1.2	8.3.4	8.4.2	8.5.2		
Client process / audit procedure			P	9.1.3.1/2	9.1.4.1	9.2.1.1/2	9.2.3.3	9.3.1.2.2	9.4.1
Client Records			F	9.1.1					
Complaints Procedure			P	9.8.5					
Conflict of Interest procedure			P	5.2.2	5.2.3				
Control of remote offices procedure and risk assessment.			P	6.2.1					
Copy of Legal document establishing the certifier as a separate legal entity.			F	5.1.1	A copy of proof of legal status to be provided with this application				
Data and records control procedure			P	8.4.7	9.9.4	10.2.4			
Document control procedure			P	10.2.3					
Human Resource / Personnel procedure			P	7.1.1 - 3	7.2.5	7.2.8 - 10	Annex D		
Impartiality Policy			P	5.2.2	5.2.13				
Impartiality risk / threat procedure			P	5.2.13					
Information / communication procedure			P	8.1.1	8.4.2	8.5.2			
Initial Financial Risk Assessment			F	5.3.1/2					
Internal Audit Procedure			F	10.2.6.1					
Management Review Procedure			P	10.2.5.1	10.3.4				
Management Review Records			P	10.2.5.3					

ACCREDITATION APPLICATION FOR CERTIFYING BODIES

Manual			F	10.2.1	10.2.2	10.3.1			
Non-conformance and Corrective action procedures			P	10.2.7					
Ongoing financial risk assessment			F	5.3.2					
Operations control procedure			P	6.2.2					
Organisation chart Job Descriptions, authorities and responsibilities			F, P	6.1.1	6.1.4				
Outsourcing procedure			P	7.5.1	7.5.4				
Personnel records			F	7.4					
Staff Confidentiality agreement (Internal and external)			F	8.4.1					
Staff declaration of impartiality per contract.			F	5.2.13					
Suspension / withdrawal procedure			P	9.6.5.1					
Use of Marks & Logos contracts/instructions			P	8.3.1	8.3.2	8.3.3			

SECTION 13. CHECKS		
1	Have you signed the confirmation section 10?	<input type="checkbox"/>
2	Do you confirm that you are not involved with consultancy?	<input type="checkbox"/>
3	Have you provided proof of legal identity?	<input type="checkbox"/>
4	Have you provided a sample copy of a certificate (e.g. ISO 9001)?	<input type="checkbox"/>
5	Have you provided a purchase order or have the necessary authorisation to request payment of an NACCS invoice?	<input type="checkbox"/>
6	Have you sent CVs for each of the persons named?	<input type="checkbox"/>
7	Have you completed all sections in the above form inserting N/A (Not applicable), if appropriate?	<input type="checkbox"/>
8	Have you read, understood and accepted the Terms & Conditions, ASL(G)02 and are you familiar with the appropriate accreditation standard?	<input type="checkbox"/>
9	You have read, understood and accepted document ASL(G)32 regarding our authority and acknowledge that NACCS accreditation services are independent from any government.	<input type="checkbox"/>
10	Do you understand that this is only an application and that NACCS provide no undertaking that your application will be successful? Moreover, if your application is unsuccessful, the application fee will not be returned?	<input type="checkbox"/>
11	Have you retained a copy of all pages of this form?	<input type="checkbox"/>
12	Have you understood that you agree to register all your certificates at www.irqao.com upon issue and that this will require you to pay an initial listing and an annual renewal fees for each existing client certificate (as per ASL(AN)34)?	<input type="checkbox"/>
13	Do you understand that a contract agreement will be necessary before you are awarded any level of accreditation? A sample contract is available upon request.	<input type="checkbox"/>
<p>Signed:</p> <p>Date:</p>		

Further guidance

Receipts/invoices will be sent upon request.

This form will be returned if all sections are not appropriately completed.

Any section not applicable should be struck through and initialled.

Refer to ASL(G)59 for information on becoming accredited.

Refer to ASL(G)32 for information on our authority.

Next steps

Please scan and email this form to: admin@naccs.ee