

# Application for CIAS-BAR Accreditation

*Name of the Applicant Body*

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***Accreditation Type***

**New Application**

***Accreditation Applied for***

*(Please Write you're your Accreditation Name code among of our Accreditation Schemes)*

1. Management System Certification Bodies ISO/IEC 17021
2. Calibration and Testing Laboratories ISO/IEC 17025
3. Inspection Bodies ISO/IEC 17020
4. Product Certification Bodies ISO/IEC 17065
5. Personnel Certification Bodies ISO/IEC 17024
6. Proficiency Testing Providers ISO/IES 17043



**CANADIAN INTERNATIONAL ACCREDITATION  
SERVICES**

**Bureau of Accredited Registrars**

## **NOTES FOR 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 fees.
- 6 When completed, this document must be sent to The Administration Manager of CIAS-BAR. Photocopies of sample certificates should also be included.
- 7 In submitting this application the applicant agrees to abide by the terms and conditions of CIAS-BAR, amended if appropriate, if a contract is entered into.



## CIAS-BAR Accreditation Application Form

<b>1) Name of Certification Body</b>			
<b>2) Head office Address</b> (with PIN Code)	:		
<b>2a) Registered office, if it different from HO</b>			
<b>2b) Operational office, if it different from above</b>			
<b>3) Other Offices</b>	(Please fill up Annex-1)		
<b>4) Registered/ Mailing Address</b>	Same as Head Office	(write if different from HO)	
<b>5) Legal Entity Status</b>			
<b>6) Name of the Chief of Applicant Body</b>	[Name, Designation]	Landline No.: Mobile No.: Email No.: Fax No.: Skype: Web:	
<b>7) Name of the Contact Persons</b>	[Contact 1 Name, Designation]	[Contact 1 Mobile Number, Email]	
	[Contact 2 Name, Designation]	[Contact 2 Mobile Number, Email]	
<b>8) Any other NABCB Accreditation held</b>	Yes/ No, If yes,	Scheme No: Validity Till:	
<b>9) Accreditation by any other body</b>	Yes / No	Please use separate sheet as Annex, if required	
<b>Accreditation Body Name</b>	<b>Accreditation Scheme</b>	<b>Accreditation Scope</b>	<b>Accreditation No. (if any)</b>

## CIAS-BAR Accreditation Application Form

<b>10) Number of Auditors and Staff</b>						
<b>Head Office</b>			<b>Location 1</b>		<b>Location 2</b>	
	<b>Auditors</b>	<b>Staff</b>	<b>Auditors</b>	<b>Staff</b>	<b>Auditors</b>	<b>Staff</b>
<b>Full-time</b>						
<b>Contract</b>						
<b>Technical Experts</b>						
<b>11) Details of Certificates issued</b>						
<b>IAF Scope</b>	<b>Number of Organizations Certified for each Scope</b>		<b>Name of Organizations Certified for each Scope</b> (attach separate list as Annex if required)			
<b>12) Other Activities besides Certification</b>		(attach separate list as Annex if required)				
<b>13) Related Bodies, if any</b>		(Please name the Related Bodies and describe their activities. Attach separate list if required).				
<b>14) Financial Details</b> (for last 3 FY)		<b>Income</b>	<b>Expenditure</b>		<b>Profit/ Loss</b>	
<b>FY-1</b>						
<b>FY-2</b>						
<b>FY-3</b>						
<b>15) Confirmation of meeting Minimum Eligibility Requirements for accreditation</b>		Quality Management Systems for accreditation are implemented for minimum of six-months ( <b>with effect from date</b> )				Dt
		One complete cycle for Management Review have been completed, as a minimum				Dt.
		One complete cycle for Internal Audit has been completed, as a minimum				Dt.
		One Impartiality committee meeting				Dt.
		Two certifications completed including decision making (attach separate list as Annex. Name, Scope, Code, Location,)				Annex#
<b>16) List of enclosures</b>						<b>Annex #</b>
1) Application fee (Brought up in sequence)						
2) Cross-reference Matrix (BCB F010) duly filled up						
3) Quality Manual, Procedures and other documentations (soft copy)						

## CIAS-BAR Accreditation Application Form

4) Sample of the Certificate and the schedules if any	
5) Sample of the Certification agreement if any	
6) Sample of the Mark of the applicant and Proof of its Ownership rights	
7) Resources and Competence Matrix for applied scopes for lead auditor, auditor, technical experts	
8) List of the auditor staff (full time, contract, experts) location-wise with their specialization against the scopes applied for	
9) List of the Certified organizations against each scope	
10) Description of the Liability insurance held	
11) Letter of authorization from management to act behalf of the CB	
12) Others (attach separate list as Annex , elsewhere specified in the application, and Separate Annexes for each scheme)	
<p>I/We, on behalf of - _____ apply</p> <p>for accreditation against the scopes specified in column 10, and declare that</p> <p>(i) The information given in this application is true.</p> <p>(ii) The accreditation criteria and accreditation procedures have been read &amp; understood.</p> <p>(iii) The applicant body has adequate resources to conduct certification in accordance with the accreditation criteria and other guidance documents.</p> <p>(iv) The applicant body will pay the fee as per the applicable fee schedule.</p> <p>(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.</p> <p>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. This applies to all premises where the conformity assessment services take place.</p> <p>vii) The applicant body shall inform the Board, without delay of significant changes relevant to its application/accreditation, in any aspect of its status or operation relating to</p> <p style="margin-left: 20px;">a) Its legal, commercial, ownership or organizational status,</p> <p style="margin-left: 20px;">b) The organization, top management and key personnel,</p> <p style="margin-left: 20px;">c) Main policies,</p> <p style="margin-left: 20px;">d) Resources and premises,</p> <p style="margin-left: 20px;">e) Scope of accreditation, and</p> <p style="margin-left: 20px;">f) Other such matters that may affect the ability of the applicant body to fulfil requirements for accreditation.</p> <p>viii) The applicant body, from the date of signing of this application,</p>	



## CIAS-BAR Accreditation Application Form

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| <ul style="list-style-type: none"> <li>a) Shall comply with the accreditation criteria and the rules of the Board including adapting to the changes in the requirements for accreditation.</li> <li>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.</li> <li>c) Shall ensure that it will not overstate its capabilities with respect to the scopes for which it has applied for accreditation.</li> <li>d) Shall provide access to those documents that provide insight into the level of independence and impartiality of the applicant from its related bodies, where applicable</li> <li>e) Shall arrange the witnessing of the services when requested by the accreditation body</li> <li>f) Shall claim accreditation only with respect to the scope for which it has been granted accreditation,</li> <li>g) Shall not use accreditation in such a manner as to bring the Board into disrepute,</li> <li>h) Shall pay fees as shall be determined by the accreditation body,</li> <li>i) Shall take appropriate corrective and preventive action on its conduct and issues that are identified by the Board as contrary to its terms and conditions.</li> </ul> |  |
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### **Signatures of Authorized Signatory**

**Name**

**Designation**

**1.**

**2.**

**Date**

**Place**

**(With Organization's Stamp)**

## CIAS-BAR Accreditation Application Form

**Annex-1**

### DETAILS OF THE OFFICES (Please refer item 3 of the application)

<b>1. BRANCH OFFICES:</b>				
Location	Address/contact details	Activities performed	Resources Auditors/others	No of Certificates operating under this branch
<b>2. SUBCONTRACTORS/ FRANCHISEES, if any</b>				
Name	Address/contact details	Activities performed	Resources Auditors/others	No of Certificates operating under this franchisee
<b>3. ANY OTHER BUSINESS ASSOCIATES (MARKETING OR ANY OTHER PURPOSE)</b>				
Name	Address/contact details	Activities performed	Resources Auditors/others	No of Certificates operating under this Associate



## **CIAS-BAR Accreditation Application Form**

### **List of Annexes**

(As referred within Application)

**(This is in addition to item 17 List of Enclosures)**