**CONFIDENTIAL**

**APPLICATION FOR ACCREDITATION/ EXTENSION OF SCOPE**

**CERTIFICATION BODY ΙΝ ACCORDΑNCE TO CYS EN ISO/IEC 17065:2012**

**For official use only**

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| Received by: ……………………………………………………………………………..…..  Date: ………………………………………………………………………...……….............  Reference number: ………………………………………………………………..…………  Signature: ………………………………………………………………………..………….. |

To be completed in CAPITAL LETTERS either printed out or handwritten and sent to:

**Cyprus Accreditation Body (CYS-CYSAB)**

**13-15, A.Araouzos Str. 1421, Nicosia, CYPRUS**

# PART A: GENERAL INFORMATION

**Α.1 Applicant’s data**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the Certification Body** | |  | | |
| **Legal status1** *(public/private/independent/other)* | |  | | |
| **Year of establishment** | |  | | |
| **Address** |  | | **Postal code** |  |
| **Phone number** |  | | **Fax number** |  |
| **e-mail address** |  | | | |
| **Full name of the contact person with CYS-CYSAB** | |  | | |

*1**Reference to be made to the legal entity of the applicant and the parent organization under which it operates.*

**A.2 Name and address of parent organization (**if applicable**)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name** |  | **Phone number** |  |
| **Address** |  | **Fax number** |  |

# PART Β: PERSONNEL DATA

### Certification Manager

|  |  |
| --- | --- |
| Full name |  |
| **Technical Qualifications** |  |
| **Relevant Experience** |  |

### Technical Manager

|  |  |
| --- | --- |
| Full name |  |
| **Technical Qualifications** |  |
| **Relevant Experience** |  |

### Responsible person(s) appointed by the Administration for keeping compliance with the QMS

|  |  |
| --- | --- |
| Full name |  |
| **Technical Qualifications** |  |
| **Relevant Experience** |  |

### List of Auditors

Please attach a list of all personnel performing audits. The list must include full names, Technical Qualifications, Training and Experience and date of authorization. The list must include both permanent employees and external collaborators or subcontractors.

# PART C: OTHER APPROVALS

Please state in detail other approvals already granted to the Certification Body with regard to its competence.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Address of Approval Body** | **Scope of certification/ accreditation/ approval** - **certificate number** | **Validity** | |
| **Issue date** | **Expiry date** |
|  |  |  |  |
|  |  |  |  |

PART D: DECLARATION

**I declare that the information given in this application form is correct**

**D.1** The Certification Body is applying to CYS-CYSAB for:

**Granting accreditation**

**Extension of the scope of existing accreditation2**

**D.2** The Certification Body chooses to conduct Pre-assessment*3* Yes No

*2 Please fill out the mandatory fields D3 και D4.*

*3 Pre-assessment is optional and carried out before the Initial Assessment with a visit to the applicant’s premises.*

**D.3** The Certification Body shall implement the following prerequisites in order for its application to be accepted

* Applies the Standard for a period of ………. Months (**at least** three months)
* chooses Option A □ or Option B □ (see clause 8.1 of the Standard)
* Is aware of and in full compliance with the requirements of CYS-CYSAB

Accreditation Regulation and Accreditation Criteria, as well as EA/ILAC/IAF

documents

* Complies with the requirements of the relevant legislation (Operation license,

technical competency requirements etc.)

* an Internal Audit (including the application of certifications//onsite witnessing)

has been conducted by adequately trained personnel

* a Management Review has been conducted

**D.4** The following documentation is attached (**obligatory**):

* Risk Assessment regarding impartiality4
* Organisational structure of the body including the members of its board of directors4
* Members of the Mechanism for safeguarding impartiality4
* Certification Regulation/ Certification Scheme
* Schedule/Program of audits at customers that their activity is in relation with the applied accreditation scope of the existing application (for 6 months at least from the date of the application)
* Certificate of Registration of the Organisation at the Department of Registrar of Companies and Official Receiver 4

**D.5** The following documentation is attached:

* Procedures of Quality Management System4 Yes No

*In case of no submission of the Procedures (QMS - technical),*

*further time will be required for Pre-assessment and/or Initial Assessment.*

* Other documentation *(please state any details)*

……………………………………………………………………………………………

*4 Not applicable in case of extension on accreditation scope in a specific field.*

**Clauses D.3 - D.5 are assessed by CYS-CYSB (Lead Assessor) to establish the Certification Body’s compliance with the above prerequisites, in order to schedule the next steps of the application’s process.**

**D.6** I undertake to provide the assessment team with all information required to facilitate the conduct of the assessment.

**D.7** I enclose the application fee (please state any details).

……………………………………………………………..………………………

**D.8** I assume the responsibility, for the payment of all defined fees to CYS-CYSAB regardless of granting accreditation or not, and to defray the fees after accreditation is granted (maintenance, surveillances, reassessments).

**D.9** After accreditation, the Certification Body is bound to continue fulfilling the requirements of CYS-CYSAB which are stated in detail in CYS-CYSAB documents, and specifically in the Accreditation Regulation (R 01), in EA/ILAC/IAF documents, in the accreditation Standard, as well as in any other relevant legislation.

**D.10** Signed application should be sent by post or in pdf format by email.

**D.11** Unsigned applications will not be accepted.

**Name and position of person authorized for this application (Manager or Authorized Person)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Name** |  |
| **Position** |  | | |
| **Signature** |  | **Date** |  |

# PART E: SCOPE OF ACCREDITATION/ EXTENSION OF SCOPE FOR WHICH THE APPLICATION IS SUBMITTED

**E.1** For each field of Certification use a separate photocopy of this page. (**E.2, E.3 etc**)

|  |  |  |
| --- | --- | --- |
| **Field of Certification** | **Type of certification** | **Normative Regulations / Standards/ (or/and In House Procedures)** |
|  |  |  |
|  |  |  |
|  |  |  |

**Check of the application and documentation entirety**

**For internal use only**

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| --- |
| Lead Assessor: ....................................................................................................................  Comments on the application and relevant documentation:  .............................................................................................................................................  .............................................................................................................................................  .............................................................................................................................................  .............................................................................................................................................  .............................................................................................................................................  .............................................................................................................................................  .............................................................................................................................................  .............................................................................................................................................  Signature: ............................................................. Date: ........................................ |