**CONFIDENTIAL**

**APPLICATION FOR ACCREDITATION/EXTENSION OF SCOPE**

**INSPECTION BODY ΙΝ ACCORDΑNCE TO CYS EN ISO/IEC 17020:2012**

**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 Inspection Body** |  |
| **Type of Inspection Body** |  **Α Β C** |
| **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

### 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 Inspectors

Please attach a list of all personnel performing inspections. 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 Inspection 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 Inspection Body is applying to CYS-CYSAB for:

*Please* c*heck boxes where appropriate*

**Granting accreditation**

**Extension of the scope of existing accreditation***2*

**D.2** The Inspection Body chooses to conduct Pre-assessment3 Yes No

**D.3** The Inspection 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 inspections) 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

**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)*

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

*2 Please fill out the mandatory field D3*

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

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

**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 Inspection 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 FOR WHICH THE APPLICATION IS SUBMITTED

**E.1** State all the measurement parameters for which accreditation is sought. For each field of Inspection use a separate photocopy of this page. (**E.2, E.3 etc**)

|  |  |  |
| --- | --- | --- |
| **Field of inspection**(the object of Inspection eg. Products, Production design,installations, procedures or services) | **Type of inspection**(eg. Initial installation inspections, Periodical inspections, Type Approval etc.) | **Normative Regulations / Standards /****In house procedures** |
|  |  |  |
|  |  |  |
|  |  |  |

**Check of the application and documentation entirety**

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