

IDA Ref. No:														
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**APPLICATION FOR ACCREDITATION OF CERTIFICATION BODIES FOR
MANAGEMENT SYSTEMS**

PART 1: GENERAL INFORMATION

This form should be completed in full and returned to:

International Directorate of Accreditation (IDA)
Attention: Technical Manager

Physical Address:
3641 Murray Street
New York, NY 10007
United States

Email: info@idacc.org

*Please complete **ALL** applicable sections of the form in **CLEAR PRINT** or in type.*

This form is available in electronic form. Please do not modify the form other than filling in the sections provided for this purpose. Any form that is modified will not be recognized as a valid application. Should you have difficulties in completing the form, please contact IDA or the National Accreditation Focal Point office in your country.

If you wish to complete and forward the form by email, please note that IDA does not accept responsibility for breach of confidentiality of information or for the receipt of applications. **All applications submitted by email must be forwarded, duly signed, by surface/special courier mail.**

Receipt of payment of the application fee shall be required prior to processing the application.

Note: If you do not receive acknowledgement of receipt of your application from IDA or fax within four (4) weeks of dispatch you should contact the IDA Office. This application remains valid for one year from the date of application.

Date of Application					
Organization					
VAT Registration No. <i>(where applicable)</i>					
Contact Person				Title	
Position					
Postal Address					
Physical Address					
Tel No:		Direct Tel No:		Fax No:	
Mobile No:		Email address:			
Field of Operation					

Application for: (Tick as appropriate)			
Initial Accreditation <input type="checkbox"/> <i>Proceed to complete Parts 2 – 5</i>	Extension of Accreditation <input type="checkbox"/> <i>Proceed to complete</i> <ul style="list-style-type: none"> ▪ Part 3 for new staff ▪ Part 4 for new test method ▪ Part 5 		
Other <input type="checkbox"/> (Please specify)			
Type of Accreditation sought (Tick as appropriate)			
Quality Management Systems (QMS) – ISO/IEC 17021-1 and ISO/IEC TS 17021-3		Food Safety Management Systems (FSMS) - ISO/IEC 17021-1 and ISO/TS 22003	
Environmental Management Systems (EMS) – ISO/IEC 17021-1 and ISO/IEC TS 17021-2		Hazard Analysis and Critical Control Points (HACCP) – ISO/IEC 17021-1	
Occupational Health & Safety Management Systems (OHSMS) – ISO/IEC 17021-1		Information Management Systems (IFMS) – ISO/IEC 17021-1	
Other (Please specify)			
PART 2: INFORMATION REGARDING YOUR ORGANIZATION			
Description of the main activities of the applicant organization (Please underline those activities for which accreditation is sought): 			
If the organization seeking accreditation is owned by another organization or is part of a larger organization or has branches/divisions at other locations, please give the following details: Name, address and contact information (Tel, Fax, Email) of:			
Parent Organization			
Other organizations in group/ division			
Locations/sites/virtual sites where key activities are conducted			

Relationship and links between the above-mentioned organizations and the organization seeking accreditation (<i>Please describe</i>)			
What is the legal status of your organization? e.g. Pvt (Pty)/Ltd privately owned or other (List and attach the legal instrument and other regulatory requirements applicable to your organization)			
Registration Number of Company/ Identify Number(s) of sole owner or partners			
Total number of employees in the whole organization or group of organizations		Number of employees involved in area(s) seeking accreditation	
<i>Please attach an organogram of your organization indicating the structure of the sections/units/areas to be accredited and their relation to the rest of the organization.</i>			
Has the organization ever been accredited before?		<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No
If yes state name of accreditation body:			
Does the organization have an established formal management system?		<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No
If yes state standard upon which system is based:			
How long has this system been in operation?			
What training has been provided for the implementation and maintenance of the system			
To whom has the training been provided for?			

PART 3: INFORMATION ON SENIOR STAFF			
Scheme Name	Parameters		Frequency of Participation
<p><i>For each staff member having responsibility for service for which accreditation is sought, please give the following details. This includes the Quality Manager and Technical Manager, where applicable.</i></p> <p>Note: This information may be provided in any format used by the Certification Body provided all requirements below are addressed.</p>			
Name		Position	
Area of responsibility		No. of staff supervised in area	
Qualifications, experience, training and competence analysis:			
Name		Position	
Area of responsibility		No. of staff supervised in area	
Qualifications, experience, training and competence analysis:			
Name		Position	
Area of responsibility		No. of staff supervised in area	
Qualifications, experience, training and competence analysis:			
Name		Position	
Area of responsibility		No. of staff supervised in area	
Qualifications, experience, training and competence analysis:			
Name		Position	
Area of responsibility		No. of staff supervised in area	
Qualifications, experience, training and competence analysis:			
Name		Position	
Area of responsibility		No. of staff supervised in area	
Qualifications, experience, training and competence analysis:			

PART 4: SCOPE OF APPLICATION							
4.1 For QMS/EMS/OHSMS Please indicate for which scope sectors accreditation is sought.							
EAC Code	NACE Code	Description	No. of Certifications	No of Auditors	Please tick as appropriate		
					QMS	EMS	OHSMS
1 (part)	A	Agriculture					
1 (part)	B	Fishing					
2	C	Mining and quarrying					
3	DA	Food products, beverages and tobacco					
4	DB O 93.01	Textiles and textile products Washing and (dry-) cleaning					
5	DC G 52.71	Leather and leather products Repair or articles of leather					
6	DD	Wood and wood products					
7 (part)	DE 21.1	Pulp and paper					
7 (part)	DE 21.2	Paper products					
8	DE 22.1, 3	Publishing companies					
9 (part)		Reproduction of recorded media					
9 (part)	DE 22.2, 3	Printing companies					
10	DF 23.1, 2	Manufacturer of coke and refined petroleum products					
11	DF 23.3	Nuclear fuel					
12	DG minus 24.4	Chemicals, chemical products and fibres					
13	DG 24.4	Pharmaceuticals					
14	DH	Rubber and plastic products					
15	DI minus 26.5,6	Non metallic mineral products					
16	Di 26.5,6	Concrete, cement, lime, plaster, etc.					
17 (part)	DJ 27	Basic metals					
17 (part)	DJ 28	Fabricated metal products					
18	DK minus 29.7	Machinery and equipment					
19 (part)	DL 32.1	Electronic valves, tubes and other (micro-) electronic components					
19 (part)	DL minus 32.1; DK 29.7 G 52.72, 73, 74	Electrical and optical equipment Domestic appliances Repair of household goods etc.					
20	DM 35.1	Shipbuilding					
21	DM 35.3	Aerospace					
22	DM 34, 35.2, 4, 5	Other transport equipment					
23	DN 36	Manufacturing not elsewhere classified					
24	DN 37	Recycling					
25	E 40.1	Electricity supply					
26	E 40.2	Gas supply					
27	E 40.3, 41	Water supply					
28	F	Construction					
29 (part)	G 51, 52	Wholesale & retail trade					
31 (part)	I minus 64	Transport & storage					
29 (part)	G 50	Sale, maintenance & repair of motor vehicles, motor cycles					
30	H	Hotels and restaurants					
31 (part)	I 64	Post and telecommunication					
32 (part)	J	Financial mediation					
32 (part)	K 70	Real estate					
32 (part)	K 71	Renting					
33	K 72	Information technology					
34	K 73, 74, 2, 3, 7, 81	Engineering services Research and development					
35	K 74 minus 74, 2, 3, 7, 81	Other professional services					
36	L	Public administration					
37	M	Education					
38	N	Health and social work					
39 (part)	O 90	Sewage & refuse disposal & sanitation					
39 (part)	O 92	Recreational, cultural and sporting activities					
39 (part)	O 91, 93 minus 93.01	Other social services					

4.2 For FSMS certification please indicate the scope for which accreditation is sought					
IAF Code	Category	Description	No of certifications	No of Auditors	Please tick
A	Farming (Animals)	Animals, fish, egg production, milk production, beekeeping, fishing, hunting, trapping			
B	Farming (Plants)	Fruits, vegetables, grain, spices, horticulture products			
C	Processing 1	Meat, poultry, eggs, dairy and fish products			
D	Processing 2	Fresh fruits and fresh juices, preserved fruits, fresh vegetables, preserved vegetables			
E	Processing 3	Canned products, biscuits, snacks, oil, drinking water, beverages, pasta, flour, salt, sugar			
F	Feed Production	Animal Feed, Fish Feed			
G	Catering	Hotels and restaurants			
H	Distribution	Retail outlets, shops and wholesalers			
I	Services	Water supply, cleaning, sewage, waste disposal, development of product, processes & equipment, veterinary services			
J	Transport & Storage	Transport and storage			
K	Equipment & Manufacturing	Process equipment, vending machines			
L	(Bio) Chemical Manufacturing	Pesticides, drugs, fertilizers, cleaning agents, additives, vitamins, bio cultures			
M	Packaging Material Manufacturing	Packaging material			

4.3 For HACCP certification please indicate the scope for which accreditation is sought				
Category	Description	No of certifications	No of Auditors	Please tick
1	Meat and edible meat offal, preparations and products			
2	Fish, crustaceans, mollusks and other aquatic invertebrates, preparations and products			
3	Sugars, honey and sugar confectionaries			
4	Edible oils and fats			
5	Vegetables, fruits, nuts or other parts of plants, preparations and products			
6	Grains, cereals, cocoa, starch and pastry-cook, preparations and products			
7	Beverages, beer, wine and spirits, preparations and products			
8	Milk and dairy, preparations and products			
9	Food preparations and catering (excluding street-vendors)			
10	Street vended foods			
11	Coffee, tea, salt, herbs and spices			
12	Poultry, preparations and products			

PART 5: DECLARATION

Chief Executive Officer (CEO) or authorized official must authorize this form.

The following is enclosed *(please tick as appropriate)*

Copy of the Quality Manual and relevant completed IDA checklist [IDA F 40 (a)] indicating where in the Quality Manual the requirements have been met	Application Fee: Transfer order placed <i>(please attach banking information on transfer)</i>
Other documentation <i>(Specify any other documents attached to the application form)</i>	

NOTE 1

Documentation to be submitted prior to document review:	Tick
a) Duly completed Application Form	
b) Quality Management System Manual	
c) Information on	
i) Scope sectors for which accreditation is sought	
ii) Number of certifications per scope	
iii) Number of auditors for each scope	
d) Duly completed IDA F 43 (f) - Application for Approval of Personnel	

e) Signed IDA Accreditation Agreement (IDA F 44)	
f) Proposed assessment dates (for scope extensions only)	
<p>Note: Applications for scope extensions should be made six (6) weeks in advance prior to the scheduled assessment. For scope extensions documents b), c) (i) to (iii), d) and f) apply</p>	
<p>Upon accreditation, my organization agrees to comply with the IDA accreditation requirements and procedures.</p> <p>I enclose a copy of the Quality Management System Manual and duly completed IDA F40 (a) indicating where in the quality manual the requirements have been met.</p> <p>I enclose an application fee. I understand that this fee is not refundable.</p> <p>I understand the manner in which the accreditation system operates and its functions. IDA does not accept any responsibility for the actions, or the results of any actions, of an accredited organization. I, the undersigned, agree, as the authorized officer of the applicant independent entity that any liability of IDA which may arise due to negligence related to any accreditation is limited to a refund of the annual fee payable by the organization.</p> <p>I declare that the information given in this application is both correct and accurate to the best of my knowledge and belief. I undertake to inform IDA timeously of any changes with respect to the application and accept full responsibility for any costs incurred as a result of any changes not reported to IDA timeously.</p>	
Signed and stamped	
Name (print)	
Position	
Date	