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| For PNAC Use only |  |

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|  PNAC LOGO | PNACPakistan National Accreditation Council1-Constitution Avenue, Opposite Prime Minister Office, G-5/2,Islamabad, **Pakistan.**Tel: 051-9222310, 9205509Fax: 051-9209510 | F-01/23Issue Date 30/08/18Rev. 01 |

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|  **Application by Conformity assessment Body for Accreditation in accordance to ISO/IEC 17024 (General Requirements for bodies operating certification of persons)** |

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| --- |
|  **Please type or use BLOCK LETTERS** |
| Name and **Address of Certification Body** |  |
|  |
|  |
|  |
|  Postcode [ ] [ ] [ ] [ ] [ ] [ ] [ ]  |
| Tel:  |  |
| Fax: |  |
| Email: |  |
| Website: |  |
| Person to whom enquiries about this application should be directed  |
| **Name of Contact Person:** |
| **Designation:** |
| **Address:**  |
|  |
|  Postcode [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |
| Tel: |  |
|  | Cell No |  |
|  | Fax: |  |
|  | E-mail: |  |
| Details of sub-offices in other cities (if any) |  |
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|  |
| This application is for (tick appropriate boxes) [ ]  New accreditation as a body for Certification of Persons[ ]  Extension of scope  |
| **For new accreditation only:** I enclosed (tick boxes) [ ]  A copy of Quality Manual [ ]  A copy of Quality & Technical Procedures [ ]  Applicant fee-see note below [ ]  Signed Agreement between PNAC and CB[ ]  List of certified clients with brief detail of relevant scheme and scope |
| **Before completing the rest of this form, please read the following notes** |

**Notes on completing this form**

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| This form is divided into 6 parts, which must be completed: Part1- About yourselves Part 2 - About your staff Part 3 - Scope of application Part 4 - About your quality system Part 5 - Other approvals Part 6 - Declaration  |

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| **For more information from PNAC** | Telephone: 051-9206044, 9205509 Fax: 051- 9209510, 9222312 |
| **PNAC criteria documents**  | You should study these documents, included in your applicant pack: * Applicants Guide
* Agreement between PNAC and an accredited CBP (Certification Body for Persons)
* Accreditation Conditions for Certification Body
* Fee schedule
 |
| **Need more space**  | Give additional information on separate sheets of paper, indicating clearly the questions to which the information refers. |
| **Applicant fee** | Remember to enclose your applicant fee with this form. Fee is applicable in all cases such as first time application, scope extension and renewal etc. Please make cheques payable to PNAC. The application fee is non-refundable. |
| **Confidentiality**  | All information given will be treated as Confidential.  |

**Part 1 - About yourselves** Please type or use BLOCK LETTERS

* 1. **Name and position (Director level) of person authorising this application**

|  |
| --- |
|  Title Name  |
| Name |  |
| Position |  |

**1.2 Name and address of parent organisation (if different from Personnel Certification Body address as given on page 1)**

|  |  |
| --- | --- |
| Organisation |  |
| Address  |  |
|  |
|  |
|  Postcode [ ] [ ] [ ] [ ] [ ] [ ] [ ]  |
|  | Tel: Fax: |

**1.3 Information about ownership: please tick the appropriate box.**

|  |
| --- |
| [ ] Owned by an individual [ ] Owned by public limited Company[ ] Owned by a private Limited company [ ] Part of learned/tech institution [ ] Owned by a public body/nationalised industry [ ] Part of Public academic institution[ ] Owned by a Govt. directly [ ] Part of Private academic institution[ ]  Others: Please describe |

**1.4 Is certification only the main activity of the organization**?

|  |
| --- |
| [ ] Yes [ ] No: describe the main activities of the organization: |

**Part 2 - About your staff** Please type or use BLOCK LETTERS

**2.1 Please list the names, qualifications and relevant experience of the following staff**

1. **Chief Executive /Managing Director/ Head/ Top Management**

|  |  |
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| Name Qualifications Relevant Experience  |  |
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1. **Quality Management Representative**

|  |  |
| --- | --- |
| Name Qualifications Relevant Experience  |  |
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1. **Management (if more than three members please attach extra sheet)**

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| Name Qualifications Relevant Experience  |  |
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| Name Qualifications Relevant Experience  |  |
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| Name Qualifications Relevant Experience  |  |
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* 1. **Please list the names, qualifications, relevant fields and experience of the Experts involved in Certification who are permanent employees.**
1. **Experts (if required please attach extra sheets and Annex)**

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| Name Qualifications Auditing Field Audit Exp.  |  |
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| Name Qualifications Auditing Field Audit Exp.  |  |
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| Name Qualifications Auditing Field Audit Exp. |  |
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| Name Qualifications Auditing Field Audit Exp. |  |
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| Name Qualifications Auditing Field Experience |  |
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| Name Qualifications Auditing Field Audit Exp. |  |
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| Name Qualifications Auditing Field Audit Exp. |  |
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**A. Please list the names, qualifications, relevant fields and experience of the Experts who are not the permanent employees;**

1. **Sub-contracted/Freelance/Empanelled Experts (if required please attach extra sheets)**

|  |  |
| --- | --- |
| Name Qualifications Auditing Field Experience  |  |
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| Name Qualifications Auditing Field Audit Exp. |  |
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| Name Qualifications Auditing Field Audit Exp. |  |
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| Name Qualifications Auditing Field Audit Exp. |  |
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| Name Qualifications Auditing Field Audit Exp. |  |
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| Name Qualifications Auditing Field Audit Exp. |  |
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| Name Qualifications Auditing Field Audit Exp. |  |
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**Part 3 - Scope of application:**

**3.1 List all the sectors/areas for which accreditation required. e.g.,**

|  |  |
| --- | --- |
| [ ]  | Persons for non-destructive testing (NDT) according to DIN EN 473  |
| [ ]  | Driving Licence issuing personnel |
| [ ]  | Persons for joining technology and welders according to EN 287-T1, ISO 9606, ISO 14731  |
| [ ]  | Experts for estimation of damages at vehicles / cars  |
| [ ]  | Experts for real estate  |
| [ ]  | Experts for corrosion and corrosion protection; cathodic protection according to DIN EN 15257  |
| [ ]  | Experts for Sensoric testing  |
| [ ]  | IT – Experts  |
| [ ]  | Quality Management Auditors / - Personnel |
| [ ]  | Environmental Management Auditors / - Personnel |
| [ ]  | Experts for traffic systems  |
| [ ]  | Trainer for traffic systems  |
| [ ]  | Experts for wound therapy  |
| [ ]  | Other (please specify):  |

**3.2 Which standard are you following?**

[ ]  **International** [ ]  **National**

**Specify standard:**

**3.3 Has this standard recognized by any international or national body**

[ ]  **Yes by whom**

[ ]  **No**

**If No How maintained reliability?**

**3.4 Does the certification of persons is being carried out by any regulatory requirement if yes please specify.Part 4 - About your quality system**

Please answer every question, adding comments as necessary

**A. Organisation & Management**

|  |  |  |
| --- | --- | --- |
|  | **Yes No** | **Quality Manual reference/other comment** |
| 1. Is a copy of the Quality Manual attached with this application?If "No" give reason  |  [ ]  [ ]  |  |
| 2. Are policy and procedures for the operation of the CBP identified in the Quality Manual? |  [ ]  [ ]  |  |
| 3. Are there documented procedures for control of changes to Quality System Documentation? |  [ ]  [ ]  |  |
| 4. Does the Quality Manual contain charts showing* Organisation structure within the CBP?
 |  [ ]  [ ]  |  |
| * Relationship to any parent organisation?
 |  [ ]  [ ]  |  |
|  |  [ ]  [ ]  |  |
| 5. Does the CBP is legal entity?  | [ ]  [ ]  |  |
| 6. Is the CB responsible for, and does it retain authority for its decisions relating to certification? | [ ]  [ ]  |  |
| 7. Does the CBP act impartiality in relation to its applicants, candidates and certified persons also have Policy and procedure? | [ ]  [ ]  |  |
| 8. Does the CBP have necessary financial resources to cover liabilities?  |  [ ]  [ ]  |  |

**B. Resource Requirements**

|  |  |  |
| --- | --- | --- |
|  | **Yes No** | **Quality Manual reference/other comment** |
| 1. Does the CBP have sufficient competent personnel available to perform certification functions relating to the type, range and volume of work performed?  |  [ ]  [ ]  |  |
| 2. Does the CBP have defined and maintained duties and responsibilities of persons?  |  |  |
| 3. Does the CBP declared any Requirements for Examiners involved? |  [ ]  [ ]   |  |
| 4. Has CBP outsourced any of its tasks? |  [ ]  [ ]   |  |

**C. Records and Information Requirements**

|  |  |  |
| --- | --- | --- |
|  | **Yes No** | **Quality Manual reference/other comment** |
| 1. Does CBP have sufficient security about the record? | [ ]  [ ]   |  |
| 2. Does CBP have maintained confidentiality for records of persons? |  [ ]  [ ]  |  |

**D. Certification Scheme**

|  |  |  |
| --- | --- | --- |
|  | **Yes No** | **Quality Manual reference/other comment** |
| 1. Does CBP have elaborated process for each certification scheme? |  [ ]  [ ]  |  |
| 2. Does CBP have a complete Process of Application? |  [ ]  [ ]  |  |

**E. Certification Process Requirements**

|  |  |  |
| --- | --- | --- |
|  | **Yes No** | **Quality Manual reference/other comment** |
| 1. Does CBP have a complete Process of Application? |  [ ]  [ ]  |  |
| 2. Does CBP have a complete process of assessment? |  [ ]  [ ]  |  |
| 3. Does CBP have a complete process of examination? |  [ ]  [ ]  |  |
| 4. Does CBP have complete process of decision on certification? |  [ ]  [ ]  |  |
| 5. Does CBP have complete process about suspending, Withdrawing, Reducing the Scope of Certification and Recertification? |  [ ]  [ ]  |  |
| 6. Does CBP have a policy about the Use of Certificates, Logos and Marks? | [ ]  [ ]  |  |
| 7. Does CBP have Procedures about appeals and complaints? |  [ ]  [ ]  |  |

**F. Management System Requirements**

|  |  |  |
| --- | --- | --- |
|  | **Yes No** | **Quality Manual reference/other comment** |
| 1. Does the CBP has complete Management System Documentation
 |  [ ]  [ ]  |  |
| 1. Are all procedure fully documented
 |  [ ]  [ ]  |  |
| 1. Are all records are maintained
 |  [ ]  [ ]  |  |
| 1. Does the to management of PCB taking Management Review as per defined requirements
 |  [ ]  [ ]  |  |
| 1. Does the CBP have procedure for internal audits and that is effectively implemented
 |  [ ]  [ ]  |  |
| 1. Does the CBP have procedure for corrective and preventive action that is effectively implemented and maintained.
 |  [ ]  [ ]  |  |

**G. Compliance with ISO/IEC 17024 and PNAC Accreditation Requirements**

|  |  |
| --- | --- |
|  | **Yes No** |
| 1. Does the CBP complies with ISO/IEC 17024 and PNAC accreditation requirements? |  [ ]  [ ]  |
|  | **Area of non-compliance**  | **Rectified by (date)** |
| If "No" in which specific areas does it not comply, and when do you expect to close non-compliance? |  |  |
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**Part 5 - Other approvals (Certifications/ Accreditations) if any;**

Please detail current approvals held by your Personnel Certification Body (if any)

|  |  |  |
| --- | --- | --- |
| **Name & address of approval body** | **Scope of accreditation/approval and number of certificate (if any)** | **Period of accreditation/approval** |
|  |  | Start | Expiry Date |
|  |  |  |  |
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**Part 6 - Declaration**

This declaration should be made by the person named in Section 1.1

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| 6.1 The Certification Body applies for accreditation to PNAC as (please tick appropriate boxes) [ ]  New Applicant as Certification Body as per the requirements of ISO/IEC 17024[ ]  An extension in scope of existing accreditation 6.2. The CBP/organisation agrees to conform, upon accreditation, PNAC requirements as detailed in the Agreement [F-01/08]. Further has gone through all other related policies of PNAC.6.3. I enclose a copy of Quality Manual and other documents/information (see Note below) 6.4. I enclose a cheque (payable to PNAC) as Application fee amounting Rs. \_\_\_\_\_\_\_\_. I understand that this fee is non-refundable. (see Note below). 6.5. I understand manner in which the accreditation system functions.6.6. I declare that the information given in this form is correct to the best of my knowledge and belief  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Note:** PNAC will not process any application until it has received specified required documents like Quality Manual, relevant procedures, documents/information and application fee.  |

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| **When completed, return this Form to:**  Program Manager Certification Bodies for PersonsPakistan National Accreditation Council, Ministry of Science & Technology,1-Constitution Avenue, Opposite Prime Minister Office, G-5/2,Islamabad, Pakistan.Tel: 051-9205509Fax: 051-9222312 |

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| **For PNAC use only:****Application and Resource Review:**Resources are available to conduct timely assessment according to PNAC policies, competence and availability of suitable assessor/experts.[ ]  YES[ ]  NoRemarks (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reviewed By: Signatures & Date |