



**ACCREDITED
CERTIFIER**

**ASQS – BNR
APPLICATION FORM**

AB-F1

ASQS APPLICATION FORM

PART 1: GENERAL

UNDERSIGNED	:	Mr./Mrs.	_____
acting as a legal representative of:			_____
NAME ORGANIZATION	:		_____
ADDRESS/CITY/COUNTRY	:		_____

Hereafter referred to as “the Body”, for which details are provided in part 2 of this form, taking into consideration that the ANAS- BNR functions as the accreditation body for conformity assessment bodies in the US:

1. Requests theASQS to initiate, for the Body, the accreditation process for activities indicated in part 3 of this form.
2. Declares to know the rules documented for Accreditation and the other applicable Regulations and to act accordingly during the registration phase, during the accreditation procedure, and after having being granted accreditation.
3. Declares to agree on paying the Registration fee, as mentioned in document Fee Structure. Payment is due within 30 days after receipt of the invoice.
4. Declares not to use in public the nameASQS or a Accreditation mark in connection with the Body, until accreditation has been granted.
5. Declares, by completing and signing this registration form AB-F1, to agree with the objectives and the working methods of theASQS

Date:

Signature:

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PART 2: DETAILED INFORMATION ON THE BODY

1. The organization

Name organization (entity to be accredited)	:	_____
Name mother organization (if applicable)	:	_____
Division / Department	:	_____
Postal address	:	_____
Postal code	:	_____
City	:	_____
Country ¹⁾	:	_____
Visiting address ²⁾	:	_____
Postal code	:	_____
City	:	_____
Telephone (general)	:	_____
Fax	:	_____
URL website	:	http://www._____
E-mail (general)	:	_____
Name of Director (authorized)	:	_____

If the Body has more locations in which it performs key-activities, specify these on the next page.

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2. Names of the persons responsible for the activities of the Body

Name (including initials and title)	Position

3. Number of employees involved in the activities to be accredited

Management + supporting staff	:	persons
Technical employees	:	persons
Administrative employees	:	persons
Other	:	persons

4. Locations (City and Country) with key activities

5. Contact person in your Body

Name and initials	:	Mr./Mrs.
Title	:	
Direct telephone number	:	
Fax number	:	
E-mail address (personal)	:	

We would appreciate if you could enclose your CV 's with this application.

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6. Other accreditations

a. Is your Body accredited by another accreditation body,

yes no

If so, please give name of accreditation body and specify accreditation standard, fields and dates of validity.

b. Has accreditation ever have been withdrawn or denied for your Body?

yes no

If so, please give details (name of accreditation body, date(s), scope, reasons for denial or withdrawal)

7. Other approvals

Has your Body been approved (e.g. certifications/registrations, notification) by other organizations?

yes no

If so, please fill specify name of organization, the criteria, dates of validity etc.

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PART 3: ACTIVITIES TO BE ACCREDITED.

Details shall be specified on the supplementary registration form indicated below for the activities in question. The forms may be obtained from our website.

Conformity Assessment Activity	Accreditation standard ¹⁾
<input type="checkbox"/> Calibration	ISO/IEC 17025
<input type="checkbox"/> Testing	ISO/IEC 17025
<input type="checkbox"/> Inspection	ISO/IEC 17020
<input type="checkbox"/> Certification	EN 45011 (ISO/IEC Guide 65) ISO/IEC 17021 I

Accreditation is applied for:

- ISO 9001
- ISO 14001
- OHSAS 18001
- HACCP system certification:
 - OISO 27001
 - OISO 22000
 - OISO 13485

Otherwise (specify):

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PART 4: EXPLANATORY NOTE

1. Required documents

Apart from the data asked for in this form, we request you to submit the following data, as applicable:

- Proof of legal status;
- A description of the organization structure of your Body;
- A statement of other activities, if any, conducted under the responsibility of the legal entity that requests accreditation;
- A statement of the activities of the mother organization and other related bodies (bodies with common ownership or shareholders, common management, contractual arrangements or other kind of relation).

2. Summary of process of registration

- I. Complete and sign this form AB-F01 and mail us in info@anasbnr.org. Should you have any difficulties completing this form, do not hesitate to contact us. We will be pleased to assist you.
- II. ANAS – BNR shall review the information you provided. Should we need more information to further process your application, our staff members shall contact you.
- III. Within two weeks after having received the forms or the additional information referred to under II. We will send you a confirmation of the acceptance of the application together with an invoice for the registration fee. In this confirmation letter you will find your registration number. In the event that we cannot accept your application we will also inform you about this within two weeks, including the grounds for this.
- IV. The registration phase starts when we receive the payment of the registration fee. Your registration is valid up till three years after registration date. Within that period the pre-assessment will have to be initiated.
- V. After you have indicated that you are ready to start the pre-assessment, we will send you an estimation of the man-days necessary for this pre-assessment and we will inform you on the composition of the assessment team. We will set the date for this pre-assessment at your convenience depending on the availability of the team members.
- VI. With the start of the pre-assessment the registration phase is concluded.