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| For PNAC Use only |  |

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| PNAC LOGO | PNACPakistan National Accreditation Council 1-Constitution Avenue, Opposite Prime Minister Office, G-5/2,  Islamabad, **Pakistan.**  Tel: 051-9222310, 9205509  Fax: 051-9209510 | F-01/23  Issue Date 16-02-2016  Rev. 00 |

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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** |  | | |
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|  | | |
| 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 applicant fee with this form and all 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**

|  |  |
| --- | --- |
| 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)**

|  |  |
| --- | --- |
| 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.,**

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|  | 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**

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| --- | --- | --- |
|  | **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 Persons Pakistan National Accreditation Council, Ministry of Science & Technology,  1-Constitution Avenue, Opposite Prime Minister Office, G-5/2,  Islamabad, Pakistan.  Tel: 051-9205509 Fax: 051-9222312 |

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| **For PNAC use only:**  **Resource Review:**  Resources are available to conduct timely assessment according to PNAC policies, competence and availability of suitable assessor/experts.  YES  No  Remarks (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Reviewed By: Signatures & Date |