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| Logo Small | **NATIONAL ACCREDITATION BOARD - MALTA** |
| **APPLICATION FOR PRODUCT CERTIFICATION BODY ACCREDITATION** | |
| INSTRUCTIONS  1. This application should be completed in detail and returned duly signed and with the requested documents in Section E and, with ***one hard copy and one soft copy*** of the applicant body’s Quality Manual to:   **The Director,**  **National Accreditation Board Malta,**  **Mizzi House,**  **National Road,**  **Blata l-Bajda HMR9010,**  **Malta**  **Note:** The requested document shall be submitted in electronic format and in a way that the numbering can directly be assigned to the relevant documents.     1. Additional information may be provided by the applicant body on supplementary sheets, which should be clearly cross-referenced with the question numbers to which they refer. 2. The information entered by the applicant on this schedule, except for original signatures, shall be typed and shall also be submitted in electronic format either via email or in any other digital format. 3. All information provided will be treated in confidence. 4. Additional advice or information may be obtained by contacting the NAB-MALTA at the above address or   Tel:, (+356) 23952510, e-mail: [info@nabmalta.org.mt](mailto:claudio.boffa@msa.org.mt)   1. Award of accreditation shall be subject to the applicant body agreeing to and complying with the Accreditation Criteria, the terms of the NAB-MALTA Contract for Accreditation (NABC03) and the applicable regulations and policies. 2. The Accreditation Criteria and regulations and policies are available from the NAB-MALTA website [www.nabmalta.org.mt](http://www.nabmalta.org.mt) the EA website [www.european-accreditation.org](http://www.european-accreditation.org) and the ILAC website [www.ilac.org](http://www.ilac.org). 3. The term “Conformity Assessment Body” and its abbreviation “CAB” will be used in this form to signify the applicant organisation i.e. the Product Certification Body. | |
| **Relevant standard : EN ISO/IEC 17065:2012 – “Conformity Assessment – Requirements for bodies certifying products, processes and services”** | |

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| SECTION A |

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| 1. BASIC DETAILS OF APPLICANT CONFORMITY ASSESSMENT BODY (CAB) *(Please ensure that the specific entity seeking accreditation and the legal entity are precisely identified)* | |
| Full Name of the CAB | |
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| Address | |
| Company Registration No.: | VAT No.: |
| Telephone Number: | Fax Number: |
| Web Site Address: | E-Mail: |
| ***Note****: These details will be used by the NAB-MALTA on the NAB-MALTA databases, certificates, etc.* | |

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| 2. INVOICING DETAILS *(If different to No.1 above)* | |
| Invoicing Contact Name | |
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| Address | |
| Company Registration No.: | VAT No.: |
| Telephone Number: | Fax Number: |
| e-mail: | |

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| 3. LEGAL STATUS OF THE CAB | | | |
|  | Yes | No | Quality Manual Clause Reference |
| 3.1 Owned by an individual |  |  |  |
| 3.2 Owned by a private company or partnership |  |  |  |
| 3.3 Owned by a public limited company |  |  |  |
| 3.4 Owned by a company with activities/products/services, other than those subject to the application for accreditation |  |  |  |
| 3.5 Owned by an academic institution |  |  |  |
| 3.6 Part of a learned or professional institution |  |  |  |
| 3.7 Owned by a public body or nationalised industry |  |  |  |
| 3.8 Another category? If so, please specify: |  |  |  |
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| If the answer to 3.4 is YES, what are the other activities/ services/ products and describe their nature e.g. are they conducted for the parent company or outside organisations and are they certified or accredited? | | | |

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| **4. CAB PART OF A LARGER ORGANISATION** |
| If the CAB is part of a larger organisation, what is the relationship to that organisation?  *Note: For CABs which are part of Government please define the relationship within Government. Provide the name and other contact details of the parent organisation, if any* |

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| 5. BRANCH OFFICES*List the branches and address. Please identify all premises from which one or more key activities are performed.* |
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| 6. LOCATIONS COVERED BY THIS APPLICATION *Here indicate the locations were inspections are normally carried out.* |
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| 7. OTHER APPROVALS/RECOGNITIONS | | | |
| If your CAB holds approvals/recognitions (e.g. accreditations and certifications) by other entities please fill in the table below (only enter approvals/recognitions attained in the past 3 years).  *Note: Certificates as evidence of approval are to be submitted with the application form, where available.* | | | |
| *Name of Approval Institution* | *Explanation of approval criteria (e.g. ISO standards)* | *Date of Approval* | *Expiring Date* |
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| 8. List other products, services, including certifications provided by the CAB |
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| 9. Do you have the intention to apply as a Notified Body | |
| Yes | No |
| If yes, form **NABAF01/N** has to be completed. | |

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| **10. HUMAN AND TECHNICAL RESOURCES**  *(List here the resources which will be utilised to cover the accreditation sought)* | | |
| **10.1 Total Number of Employees:** | | |
| **10.2 Distribution of Employees** | **Full-time** | **Others** |
| Permanent employees with University education |  |  |
| Permanent employees with Technical education |  |  |
| Permanent employees trained in quality management |  |  |
| Auditors (Permanent Staff) |  |  |
| Contracted Auditors |  |  |
| Other (incl. secretarial and support staff) |  |  |

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| **11. TOP MANAGEMENT REPRESENTATIVE**  *Name and position (director level) of the CAB’s representative with authority to commit the applicant CAB to the requirements for accreditation.* |
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| e-mail: |

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| 12. MAIN CONTACT*Name, position and address of CAB’s main contact with the NAB-MALTA* *Note: This is the person to whom all correspondence from the NAB-MALTA will be addressed.* |
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| e-mail: |

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| 13. DEPUTY CONTACT*Name, position and address of CAB’s deputy contact with the NAB-MALTA* | |
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| e-mail: | |
| **14. INFORMATION ABOUT KEY PERSONNEL**  **Notes:**  *(a) Key personnel include reviewing/decision-making personnel, lead auditors, auditors & technical experts (including and identifying subcontracted auditors)*  *(b) Identify the personnel against the areas within the applied for scope.*  *(c) Evidence of personnel competence (including, but not limited to CVs, training records and records of recent audits conducted)within the applied for scope is to be submitted.* | |
| 14.1 Scheme Manager *(person who is responsible for the applied for activity)* | |
| 14.2 Deputy Scheme Manager | |
| 14.3 Quality Manager | |
| 14.4 Deputy Quality Manager | |
| 14.5 All other personnel as per note (a) | |
| Name | Area within scope of accreditation |
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| **15. Mechanism for safeguarding of Impartiality (ISO17065:2012 – Clause 5.2)**  *Please provide details of the mechanism for safeguarding impartiality. For any Committee please provide membership and the interests they represent.* |
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| SECTION B | |
| 16. ACCREDITATION SCOPE | |
| **Notes:**  ***a.*** *A clear and precise description as possible of the inspections carried out by the inspection body, and a list of standards, methods or procedures, for which extension to accreditation is being sought.*  ***b****. Use as many pages as necessary. Should you need more space, please note how many pages are enclosed.* | |
| **Product, Process, Service** | **Standard**  *(e.g. Standard Specifications, EC Regulations and Directives, Certification Scheme Procedures)* |
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| 17. REVIEW OF CONFORMITY ASSESSMENT SCHEME | |
| Refer to EA Policy 2/11 |  |

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| 18. List the certifications previously awarded by the CAB for the scope applied for | | |
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| **Standard** | **Name of organisation certified** | **Date of certification** |
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| 19. Sites available for witnessing of Certification Audits | | |
| **Name** | **Location** | **Scope of certification** |
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| SECTION D | | | | |
| 20. TESTING | | | | |
| 20.1 Does the CAB itself carry out tests of products, processes and services in the fields of certification applied for? | | | Yes | No |
| 20.2 Is there an accreditation of the testing laboratories of the CAB? | | | Yes | No |
| 20.3 If the answer to Question 17.2 is yes, please specify accreditation body and submit a copy of the accreditation certificate. | | | | |
| 20.4 Which testing laboratories work for the CAB? | | | | |
| Laboratory | Test fields | Accredited by | | |
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| 20.5 In the case of non-accredited laboratories, in which way does the CAB make sure that it complies with the requirements of EN ISO/IEC17025? | | | | |

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| 21. SUBCONTRACTORS | | | | |
| 21.1 Does the CAB itself carry out the surveillance of products, processes and services in the fields of certification applied for? | | | Yes | No |
| 21.2 Which subcontractors work for the CAB | | | | |
| Subcontractor | Activity | Accredited by | | |
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| 21.3 In the case of non-accredited laboratories, in which way does the subcontractor make sure that it complies with the requirements of EN ISO/IEC17025? | | | | |

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| SECTION E | |
| **22. STATEMENT BY APPLICANT CAB (the “CAB”)**  *(Note: This shall be signed for and behalf of the CAB by the representative of Top Management having authority to commit the CAB to accreditation)*  The CAB identified below (details of which are set out on paragraphs 1 and 2 of Section A of this application form) hereby applies to the NAB-MALTA to assess the CAB for its eligibility to be accredited as competent to provide the services specified in this application, having regards to relevant accreditation criteria and any other normative documents, conditions or factors that the NAB-MALTA considers to be relevant to or to affect the CAB’s competence for the specified services.  The CAB acknowledges that it has read the NAB-MALTA Contract conditions and the relevant NAB-MALTA policies and regulations and agrees to comply at all times, during the currency of the application made herein and any resulting accreditation, with the NAB-MALTA Contract conditions as the same may be substituted, amended, supplemented or varied by the NAB-MALTA after the date of this application.  The CAB also undertakes to pay all fees due to the NAB-MALTA. The CAB declares that it has the necessary resources to undertake accreditation for the scopes requested.  The CAB hereby confirms that it has a right to supply the data and information contained in this application or which it otherwise gives to the NAB-MALTA, and gives its own consent and confirms that it has obtained all properly informed consents from any individuals in respect of whom the CAB is giving data or information to the NAB-MALTA to enable the NAB-MALTA to lawfully receive such data and information and make use thereof for the purposes of its functions (having particular regard to, but not limited to, applicable data protection legislation) and also confirms that all such data and information is complete, accurate and correct and that it will promptly provide any such further information and data as may be required by the NAB-MALTA to assess and process this application.  The CAB also accepts that the NAB-MALTA might need to consult with the appropriate regulator should an application be according to the requirements of specific European or national legislation. The CAB also accepts that the NAB-MALTA assessment team may be accompanied either by representatives from the European Co-operation for Accreditation (EA) or any other representative from specific regulators or competent authorities. | |
| **Signed for and on behalf of**  ***(enter name of CAB and preferably a rubber stamp)*** | |
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| **Signature** | **Date** |

| SECTION F | | |
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| List of Documents and Records for the Accreditation of a Product Certification Body | | |
| **Notes:**  *(1) The following documents must be submitted with the application. NAB-MALTA will not process your application until it has received all the items listed below.*  *(2) If any of the documents are included as part of the quality manual or quality documentation, please quote either the quality manual section or the quality document reference number in the space provided next to the tick box.*  *(3) The documentation should also be provided in electronic version.* | | |
| **No** | **Document/s** | **If applicable, reference to relevant QM Documents. All boxes MUST be ticked.** |
|  | An index and numbered list of the attachments |  |
|  | Quality Manual  (*Note: Make sure that the Manual makes proper references to the procedures)*. |  |
|  | Cross-reference Table *(Note: this should allow a complete and effective identification of the correspondence between the clauses and sub-clauses of the applicable standard/other relevant normative documents (e.g. EA publications) and the parts of the Applicant Inspection Body documentation (QM, Procedures, etc) where such requirements are addressed; the non-applicable requirements must be properly identified and not simply omitted; exclusions must be justified).* |  |
|  | Master List of all QM Documents clearly identifying the revision status of each document. |  |
|  | Copies of forms, checklists, reports and certificates (or equivalent) used in the activity for which accreditation is sought. |  |
|  | Copies of documents/publications made available to prospective clients describing the CAB and its structure, the certification procedures used, the rules and regulations, details of certification and other services provided. |  |
|  | For organic control bodies, information listed in Clause 2.3 of EA-3/12 |  |
|  | Proof of ownership and legal entity  *(An official copy of the Memorandum and Articles of Association as deposited with the Malta Financial Services Authority (MFSA). A copy of the MFSA Company Certificate.)* |  |
|  | Organisation Structure  *Notes:*  *(a) This should clearly identify the names of people occupying the posts and* *clearly show any relationships to other undertakings.*)  *(b) A description of the services provided by the related undertakings is to be submitted..* |  |
|  | Independence and impartiality declaration of the top management. |  |
|  | Impartiality: Analysis of related bodies, the impartiality of the identified related bodies and other risks of impartiality. |  |
|  | Liability: Details of provisions to cover liabilities of CAB and its personnel, including auditors (e.g. proof of third party liability insurance). |  |
|  | Staff declaration of confidentiality (or similar evidence) |  |
|  | Evidence of qualification key personnel |  |
| 1. 1 | List of all auditors approved by the CAB indicating the scope and location (country) |  |
|  | List of countries where certificates are granted indicating the number of certificates per country |  |
| 1. L | List of countries where certification activities are performed by branch offices indicating the specific activities |  |
|  | List of countries where certification activities are performed by “remote personnel” (personnel that is not working from a branch office of the CAB) |  |
| 1. C | Critical locations according to IAF/ILAC A5 |  |
|  | Rules of the certification body for the management of branch offices abroad or “remote personnel” |  |
|  | Fee regulation or price list |  |
|  | Copy of at least one original version of certificate for each certification area scheduled for accreditation. |  |
|  | Copy of the Internal Audit Schedule |  |
|  | Copy of the agenda and minutes of the latest Management Review |  |
|  | The number of certifications carried out (in relation to the applied scope of accreditation) during the preceding 12 months. Please also list the major clients (in relation to the scope of accreditation applied for.) |  |