

Print	legibly. Tick appropriate boxes and use separate sheet if	necessary. Indicate N/A if not applicabl	e.				
Rev	v. No ☐ Initial	☐ Renewal	☐ Scope Extension				
1.	Certification Scheme being applied for Accreditation: Quality Management System (QMS)						
2.	Applicant (name of CAB exactly as it is to appear or	n your Certificate of Accreditation)					
3.	Address	(House/ Building No./ Building Name) (Street Name)  (Barangay) (City/ Municipality) (Province) (Region) (Zip Code)					
4.	Contacts	Telephone: Facsimile: Mobile Number: E-mail: Social media/ Website:					
5.	Authorized Representative (Name and title of the person who will be PAB's primary point of contact for all matters relating to this application. If address, phone and fax details are not as above then please provide them as an attachment)	Name: Title/ Position: Sex:	(Prefix) (First) (Middle) (Last) (Suffix)  Male Female Abled PWD				
6.	List of Contact Personnel for PAB Accreditation Communications (includes assessment and witnessing activities schedules, dissemination of invitations and advisories from PAB).	Social Classification:  Senior Citizen Indigenous Person  Name and Email Address (accomplish/provide additional sheet if needed)  1. 2.					
7.	List of Contact Personnel for Billing Statement Communications	Name and Email Address (accomplish/provide additional sheet if needed)  1. 2.					
8.	Business Information	Form of Organization: Asset Size (Php):	□ Sole Proprietorship     □ Partnership     □ Corporation     □ Government     □ Others      □ Micro (up to P3M)     □ Small (above P3M to P15M)     □ Medium (above P15M to P100M)				
		Industry Classification:  Product Line/Services:  Total no. of Employees:	☐ Large (above P100M) ☐ Professional, scientific and technical services				
9.	SEC/other applicable Registration No. (provide evidence of its legal status as an organization)	Place/Date of registration:					
10.	Branch, if any (please check the different activities undertaken by each branch or other offices, use additional sheet if necessary)	not applicable policy formulation process and/or procedulinitial approval of auditin	re development g personnel, or control of their				



		application assignment control of su	onitoring of auditing review of auditing persourveillance or receipt certification dea	nnel ertification audits				
	larger entity, if any it of activities or involvement ty, provide additional sheet if							
12. Staff Involved in the Organization		Please indicate the number of staff involved in the operations where accreditation is being sought.						
No. of To Staff	No. of PWD	No. of Indigenous Person	No. of Senior Citizen	No.of Male	No.of Female			
Management:								
Administrative:								
Technical:								
Support Staff:								
13. Scope of Accredita ( For Initial and scope ext	tension application, sele		ım of 10 scopes o	only)				
•	forestry and fishing							
☐ IAF 2 Mining and o								
	cts, beverages and to	obacco						
	□ IAF 4 Textiles and textile products							
	l leather products							
	vood products							
1	and paper products							
☐ <b>IAF 8</b> Publishing of	•							
□ IAF 9 Printing companies								
☐ IAF 10 Manufacture of coke and refined petroleum products								
□ IAF 11 Nuclear fuel								
☐ IAF 12 Chemicals,	☐ IAF 12 Chemicals, chemical products and fibres							
☐ IAF 13 Pharmaceu	□ IAF 13 Pharmaceuticals							
☐ <b>IAF 14</b> Rubber and	plastic products							
☐ IAF 15 Non-metallion	□ IAF 15 Non-metallic mineral products							
☐ IAF 16 Concrete, c	□ IAF 16 Concrete, cement, lime, plaster etc							
☐ IAF 17 Basic metal	□ IAF 17 Basic metals and fabricated metal products							
☐ IAF 18 Machinery a	□ IAF 18 Machinery and equipment							
☐ IAF 19 Electrical ar	nd optical equipment							
☐ IAF 20 Shipbuilding	□ IAF 20 Shipbuilding							
☐ <b>IAF 21</b> Aerospace								
☐ IAF 22 Other transp	port equipment							
☐ IAF 23 Manufacturi	ng not elsewhere cla	ssified						
☐ IAF 24 Recycling	•							
-	□ IAF 25 Electricity supply							
☐ <b>IAF 26</b> Gas supply								
☐ IAF 27 Water supp	•							
☐ IAF 28 Construction	n							
□ IAF 29 Wholesale and retail trade; Repair of motor vehicles, motorcycles and personal and household goods								
☐ <b>IAF 30</b> Hotels and i								
☐ <b>IAF 31</b> Transport, s	torage and commun	ication						
☐ IAF 32 Financial intermediation; real estate; renting								
□ IAF 33 Information Technology								
☐ IAF 34 Engineering	services							



TIAFOF Other comics								
☐ IAF 35 Other services								
☐ IAF 36 Public administration								
☐ IAF	37 Education							
$\square$ IAF	38 Health and social work							
$\square$ IAF	39 Other social services							
In the Other Social Scriptocs								
(PAB do	es not offer IAF 20 Shipbuilding and IAF 21 Ae	rospace)						
14. Ins	titutional Membership (Local/Foreign)							
15. Oth	ner Services Offered							
16. Ac	creditation being maintained or applied	d to Acc	redita	ation Bodies other than PAB				
	Name of Accreditation Body (AB)	Scop		Effectivity Date				
	Name of Accreditation Body (AB)	Зсор		Effectivity Date				
17. Nu	mber and where certificates were issu	ed with I	PAB	accreditation symbol				
Number								
Country								
18. Tot	al number of certificates issued							
19. Nu	mber of Auditor (accomplish in separate sheet	s)						
	Load Auditors			Auditors				
	Lead Auditors			Auditors				
	Lead Auditors			_				
20 Wh				PAB Promotional Activities   Customer Requirement				
20. Wh	Lead Auditors ere did you learn about us?			_				
	ere did you learn about us?	ion		PAB Promotional Activities   Customer Requirement				
21. Do				PAB Promotional Activities  Customer Requirement Regulatory Requirement Other:				
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- 15. Information on fees charged to its applicants, certified organization, and the means by which it obtains financial support. (1 e-copy)
- 16. Records of internal audit conducted by the CAB (1 e-copy)
- 17. Records of management review conducted by the CAB (1 e-copy)
- 18. Copy of Latest Risk Management Matrix (1 e-copy)

#### 22. Declaration

We declare that:

- a. The information given above is true and correct.
- b. The applicant has the necessary resources to undertake certification throughout the scope requested.
- c. Corresponding fees are paid (as provided in DAO 1:2005) whether or not accreditation is granted.
- d. The applicant has functional internal audit and management reviews.

We understand that our certification activities shall be assessed against the following accreditation criteria and standards (in its current version) specific to the certification scheme being applied:

- ISO/IEC 17021 1: Conformity assessment Requirements for bodies providing audit and certification of management systems
- 2. ISO/IEC 17021 3: Competence requirement for auditing and certification of quality management systems
- 3. Applicable IAF/APAC Mandatory Documents and issued Resolutions
- 4. PAB Policies and Advisories
- 5. Use of PAB Accreditation Symbol

President/General Manager:	 	
Signature: Date:		

Electronic copies of application documents shall be sent through email pab\_msad@dti.gov.ph or visit us at:

#### PHILIPPINE ACCREDITATION BUREAU

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