

Print	legibly. Tick appropriate boxes and use separate sheet if	necessary. Indicate N/A if not applicable	e.					
Re	v. No ☐ Initial	☐ Renewal	☐ Scope Extension					
1.	. Certification Scheme being applied for Accreditation: Environmental Management System (EMS							
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	Name: Title/ Position: Sex:	(Prefix) (First) (Middle) (Last) (Suffix) ☐ Male ☐ Female ☐ Abled ☐ PWD					
6.	List of Contact Personnel for PAB Accreditation Communications	Social Classification: Name and Email Address (Senior Citizen Indigenous Person accomplish/provide additional sheet if needed)					
	(includes assessment and witnessing activities schedules, dissemination of invitations and advisories from PAB).	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): Industry Classification:	□ Sole Proprietorship □ Partnership □ Corporation □ Government □ Others □ Micro (up to P3M) □ Small (above P3M to P15M) □ Medium (above P15M to P100M) □ Large (above P100M) □ Professional, scientific and technical					
	SEC/other applicable Posistration No.	Product Line/Services: Total no. of Employees: Place/Date of registration:	services					
9.	SEC/other applicable Registration No. (provide evidence of its legal status as an organization)	TIN:						
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 procedure development initial approval of auditing personnel, or control of their						



			training on-going monitoring of auditing personnel application review assignment of auditing personnel control of surveillance or recertification audits final report or certification decision or approval						
								(please describ	ip with a larger of the extent of activity harger entity, provide
12. Staff Involved in the Organization			Please indicate the number of staff involved in the operations where accreditation is being sought.						
	No. of Total Staff	No. of PWD	No. of Indigenous Person	No. of Senior Citizen	No.of Male	No.of Female			
Management:									
Administrative:									
Technical:									
Support Staff:	covaditation Da	ing Applied For	<u> </u>						
	accreditation Be scope extension			um of 10 scopes o	only)				
□ IAF 1 Agri	iculture, forestry	v and fishing							
_	ing and quarrying								
	od products, bev	•	bacco						
	tiles and textile	•							
	ther and leathe	•							
☐ IAF 6 Wood and wood products									
	nufacture of col		petroleum prod	ucts					
☐ IAF 11 Nuc									
☐ IAF 12 Che	emicals, chemic	cal products an	d fibres						
☐ IAF 13 Pha		•							
☐ IAF 14 Rub	ber and plastic	products							
	n-metallic miner								
☐ IAF 16 Cor	ncrete, cement,	lime, plaster e	tc						
☐ IAF 17 Bas	sic metals and f	abricated meta	l products						
	chinery and equ		•						
	ctrical and optic	•							
☐ IAF 20 Ship	pbuilding								
□ IAF 21 Aer									
☐ IAF 22 Oth	er transport eq	uipment							
☐ IAF 23 Mar	nufacturing not	elsewhere clas	ssified						
☐ IAF 24 Red	cycling								
☐ IAF 25 Ele	ctricity supply								
☐ IAF 26 Gas									
☐ IAF 27 Wat									
☐ IAF 28 Cor	nstruction								
		ail trade; Repa	ir of motor vehi	cles, motorcycle	s and personal	and household			
•	ods els and restaur	ante							
			action						
	nsport, storage								
	☐ IAF 32 Financial intermediation; real estate; renting								
☐ IAF 33 Information Technology									
□ IAF 34 Eng	☐ IAF 34 Engineering services								



□ IAF 35 Other services							
☐ IAF 36 Public administration							
☐ IAF 37 Education							
☐ IAF 38 Health and social work	_ u u v						
☐ IAF 39 Other social services							
(PAB does not offer IAF 20 Shipbuilding and IAF 21 Ae	iospace)						
14. Institutional Membership (Local/Foreign)							
15. Other Services Offered							
16. Accreditation being maintained or applied	d to Acc	redita	tation Bodies other than PAB				
Name of Accreditation Body (AB)	Scope		Effectivity Date				
17. Number and where certificates were issue	ed with I	PAB	accreditation symbol				
Number							
Country							
18. Total number of certificates issued							
19. Number of Auditor (accomplish in separate sheets	s)	·					
Lead Auditors			Auditors				
Lead Auditors			Auditors				
Lead Auditors 20. Where did you learn about us?			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:

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

Department of Trade and Industry Ground Floor HPGV Building 395 Sen. Gil J. Puyat Avenue, Makati City 1209

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