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|---|---|
| Print legibly. Tick appropriate boxes and use separate sheet if necessary. Indicate N/A if not applicable.  |   |
| Rev. No. _____ <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Scope Extension   |   |
| <b>1. Certification Scheme being applied for Accreditation: <u>Energy Management System (EnMS)</u></b>  |   |
| <b>2. Applicant</b> (name of CAB exactly as it is to appear on your Certificate of Accreditation)   |   |
| <b>3. Address</b>   | (House/ Building No./ Building Name) (Street Name)  |
|   | (Barangay) (City/ Municipality) (Province) (Region) (Zip Code)  |
|   |   |
| <b>4. Contacts</b>  | <b>Telephone:</b>   |
|   | <b>Facsimile:</b>   |
|   | <b>Mobile Number:</b>   |
|   | <b>E-mail:</b>  |
|   | <b>Social media/ Website:</b>   |
| <b>5. Authorized Representative</b><br>(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) | <b>Name:</b> _____<br>(Prefix) (First) (Middle) (Last) (Suffix)   |
|   | <b>Title/ Position:</b> _____   |
|   | <b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female   |
|   | <b>Social Classification:</b> <input type="checkbox"/> Abled <input type="checkbox"/> PWD<br><input type="checkbox"/> Senior Citizen <input type="checkbox"/> Indigenous Person   |
| <b>6. List of Contact Personnel for PAB Accreditation Communications</b><br>(includes assessment and witnessing activities schedules, dissemination of invitations and advisories from PAB).  | <b>Name and Email Address</b> (accomplish/provide additional sheet if needed)   |
|   | 1. _____  |
|   | 2. _____  |
| <b>7. List of Contact Personnel for Billing Statement Communications</b>  | <b>Name and Email Address</b> (accomplish/provide additional sheet if needed)   |
|   | 1. _____  |
|   | 2. _____  |
| <b>8. Business Information</b>  | <b>Form of Organization:</b> <input type="checkbox"/> Sole Proprietorship<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Corporation<br><input type="checkbox"/> Government<br><input type="checkbox"/> Others _____       |
|   | <b>Asset Size (Php):</b> <input type="checkbox"/> Micro (up to P3M)<br><input type="checkbox"/> Small (above P3M to P15M)<br><input type="checkbox"/> Medium (above P15M to P100M)<br><input type="checkbox"/> Large (above P100M)              |
|   | <b>Industry Classification:</b> <input type="checkbox"/> Professional, scientific and technical services  |
|   | <b>Product Line/Services:</b> _____   |
|   | <b>Total no. of Employees:</b> _____  |
| <b>9. SEC/other applicable Registration No.</b><br>(provide evidence of its legal status as an organization)  | <b>Place/Date of registration:</b> _____  |
|   | <b>TIN:</b> _____   |
| <b>10. Branch, if any</b><br>(please check the different activities undertaken by each branch or other offices, use additional sheet if necessary)  | <input type="checkbox"/> not applicable<br><input type="checkbox"/> policy formulation<br><input type="checkbox"/> process and/or procedure development<br><input type="checkbox"/> initial approval of auditing personnel, or control of their |

**MSA/SF01A-6: Application Form (Energy Management System)**

|   |                    |   |                          |                       |             |               |
|---|--------------------|---|--------------------------|-----------------------|-------------|---------------|
|   |                    | training<br><input type="checkbox"/> on-going monitoring of auditing personnel<br><input type="checkbox"/> application review<br><input type="checkbox"/> assignment of auditing personnel<br><input type="checkbox"/> control of surveillance or recertification audits<br><input type="checkbox"/> final report or certification decision or approval |                          |                       |             |               |
| <b>11. Relationship with a larger entity, if any</b><br>(please describe the extent of activities or involvement of the CAB with larger entity, provide additional sheet if needed) |                    |   |                          |                       |             |               |
| <b>12. Staff Involved in the Organization</b>   |                    | 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:  |                    |   |                          |                       |             |               |
| <b>13. Scope of Accreditation Being Applied For</b>   |                    |   |                          |                       |             |               |
|   |                    |   |                          |                       |             |               |
| <b>14. Institutional Membership (Local/Foreign)</b>   |                    |   |                          |                       |             |               |
| <b>15. Other Services Offered</b>   |                    |   |                          |                       |             |               |
| <b>16. Accreditation being maintained or applied to Accreditation Bodies other than PAB</b>   |                    |   |                          |                       |             |               |
| Name of Accreditation Body (AB)   |                    | Scope   | Effectivity Date         |                       |             |               |
|   |                    |   |                          |                       |             |               |
|   |                    |   |                          |                       |             |               |
|   |                    |   |                          |                       |             |               |
| <b>17. Number and where certificates were issued with PAB accreditation symbol</b>  |                    |   |                          |                       |             |               |
| Number  |                    |   |                          |                       |             |               |
| Country   |                    |   |                          |                       |             |               |

|  |  |  |
|--|--|--|
| <b>18. Total number of certificates issued</b>   |  |  |
| <b>19. Number of Auditor</b> (accomplish in separate sheets)   |  |  |
| <b>Lead Auditors</b>   |  | <b>Auditors</b>  |
|  |  |  |
| <b>20. Where did you learn about us?</b>   |  | <input type="checkbox"/> PAB Promotional Activities <input type="checkbox"/> Customer Requirement<br><input type="checkbox"/> Regulatory Requirement <input type="checkbox"/> Other: _____ |
| <b>21. Documents to be provided upon application</b><br>Note 1: PAB will only accept Application for accreditation with complete documentary requirements<br>Note 2: CABs can retrieve their submitted documents upon withdrawal of application for accreditation within one year from the date of application. Otherwise, submitted documents shall be disposed of as per the DTI Records and Disposition Schedule (RDS) and National Archives of the Philippines (NAP) Law, General Circular No. 1 and 2 and NAP General Records Disposition Schedule, 2009.   |  |  |
| <ol style="list-style-type: none"> <li>1. Letter of Application (1 e-copy)</li> <li>2. Accomplished application form per scheme applied (1 e-copy)</li> <li>3. Accomplished Assessment Checklist per scheme applied (1 e-copy)</li> <li>4. Signed Terms and Conditions of PAB Accreditation (1 e-copy)</li> <li>5. Copy of SEC Registration with the Articles of Incorporation or DTI Registration and Local Government Unit (LGU) Business Permit or if in case of a foreign CAB, duly notarized registration documents and authenticated by Philippine Consulate or an equivalent document from the country where CAB is operating, as proof of being a legal entity as the case may be. (1 e-copy)</li> <li>6. Copy of CAB's proof of managing liabilities (e.g. insurance, reserves) (1 e-copy)</li> <li>7. Copy of certification agreement between the CAB and its clients (1 e-copy)</li> <li>8. Copy of Certificates issued to its clients (1 e-copy)<br/>Note: The applicant body shall have granted at least two (2) certificates for each scheme applied for accreditation</li> <li>9. List of <i>certified</i> organizations (specifying <i>certified</i> scopes, validity of certificates, address and contact numbers) (1 e-copy)</li> <li>10. Copy of CAB's Quality Manual (1 e-copy)</li> <li>11. Copy of CAB's Rules/procedures of certification (1 e-copy)</li> <li>12. List of auditors (including their approved scopes) and technical experts (1 e-copy)</li> <li>13. Latest audited financial statement of the CAB (1 e-copy)</li> <li>14. Detailed organizational structure with individual duties and responsibilities (1 e-copy)</li> <li>15. Information on fees charged to its applicants, certified organization, and the means by which it obtains financial support. (1 e-copy)</li> <li>16. Records of internal audit conducted by the CAB (1 e-copy)</li> <li>17. Records of management review conducted by the CAB (1 e-copy)</li> <li>18. Copy of Latest Risk Management Matrix (1 e-copy)</li> </ol> |  |  |
| <b>22. Declaration</b>   |  |  |
| We declare that: <ol style="list-style-type: none"> <li>a. The information given above is true and correct.</li> <li>b. The applicant has the necessary resources to undertake certification throughout the scope requested.</li> <li>c. Corresponding fees are paid (as provided in DAO 1:2005) whether or not accreditation is granted.</li> <li>d. The applicant has functional internal audit and management reviews.</li> </ol> <p>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:</p> <ol style="list-style-type: none"> <li>1. ISO/IEC 17021 – 1: Conformity assessment – Requirements for bodies providing audit and certification of management systems</li> <li>2. ISO 50003 – Energy management systems -- Requirements for bodies providing audit and certification of energy management systems</li> <li>3. Applicable IAF/APAC Mandatory Documents and issued Resolutions</li> <li>4. PAB Policies and Advisories</li> <li>5. Use of PAB Accreditation Symbol</li> </ol>   |  |  |

President/General Manager: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Electronic copies of application documents shall be sent through email [pab\\_msad@dti.gov.ph](mailto:pab_msad@dti.gov.ph) or visit us at:

**PHILIPPINE ACCREDITATION BUREAU**

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