

Print legibly. Tick appropriate boxes and use separate sheet if necessary. Indicate N/A if not applicable.

Rev. No. ____ Initial Renewal Scope Extension

1. Type of Certification Scheme being applied for Accreditation (Title of the Certification scheme)

2. Applicant (name of CB exactly as it is to appear on 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 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:	(Prefix) (First) (Middle) (Last) (Suffix)
Title/ Position:	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Classification:	<input type="checkbox"/> Abled <input type="checkbox"/> PWD <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Indigenous Person

6. List of Contact Personnel for PAB Accreditation Communications

(includes assessment and witnessing activities schedules, dissemination of invitations and advisories from PAB)

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:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Others _____
Asset Size (Php):	<input type="checkbox"/> Micro (up to P3M) <input type="checkbox"/> Small (above P3M to P15M) <input type="checkbox"/> Medium (above P15M to P100M) <input type="checkbox"/> Large (above P100M)
Industry Classification:	<input type="checkbox"/> Professional, scientific and technical services
Product Line/Services:	
Total no. of Employees:	

9. SEC/other applicable Registration No.

(provide evidence of its legal status as an organization)

Place/Date of registration:	
TIN:	

10. Branch, if any (please check the different activities undertaken by each branch or other offices, use additional sheet if necessary)	<input type="checkbox"/> policy formulation <input type="checkbox"/> process and/or procedure development <input type="checkbox"/> initial approval of certification personnel, or control of their training <input type="checkbox"/> on-going monitoring of certification personnel <input type="checkbox"/> application review <input type="checkbox"/> assignment of certification personnel <input type="checkbox"/> control of surveillance or recertification audits <input type="checkbox"/> final report or certification decision or approval					
11. Relationship with a larger entity, if any (please describe the extent of activities or involvement of the CAB with larger entity, provide additional sheet if needed)						
12. Scope of Accreditation Being Applied for Geographical location covered						
13. Is the accreditation being sought for multiple locations: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of locations requested:					
Name/address of all locations: - - -						
14. Staff Involved in the Organization			<i>Please indicate the number of staff involved in the operations where accreditation is being sought.</i>			
	No. of Total Staff	No. of PWD	No. of Indigenous Person	No. of Senior Citizen	No. of Male	No. of Female
<i>Management:</i>						
<i>Administrative:</i>						
<i>Technical:</i>						
<i>Support Staff:</i>						
15. Certification Scheme Owner						
16. Institutional Membership (Local/Foreign)						
17. Other Services Offered						
18. Accreditation being maintained or applied to Accreditation Bodies other than PAB						
Name of Accreditation Body (AB)		Scope		Effectivity Date		
19. Number of applications received each year						
<input type="checkbox"/> 0-25		<input type="checkbox"/> 26-50		<input type="checkbox"/> 51-75		<input type="checkbox"/> 76-100
<input type="checkbox"/> 100 and up						
20. Assessment						
Number of persons tested every year?	How many tests are administered each year?	How candidates are assessed?	Where is assessment given?	How often the examination is given?		

21. How many new applicants are certified each year?	<input type="checkbox"/> 1-20	<input type="checkbox"/> 21-40	<input type="checkbox"/> 41-60	<input type="checkbox"/> 60 up
22. Documents to be provided upon application Note 1: PAB will only accept Application for accreditation with complete documentary requirements 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"> 1. Letter of Application (1 e-copy) 2. Accomplished Application Form <i>per scheme applied</i> (1 e-copy) 3. Accomplished checklist identifying where in the documented management system addresses the requirement of ISO/IEC 17024 (1 e-copy) 4. Signed Terms and Conditions of PAB Accreditation (1 e-copy) 5. Copy of SEC Registration with the Articles of Incorporation or Department of Trade and Industry (DTI) Registration and Local Government Unit (LGU) Business Permit or if in case of a foreign CB, duly notarized registration documents and authenticated by Philippine Consulate or an equivalent document from the country where CB is operating, as proof of being a legal entity as the case may be. (1 e-copy) 6. Copy of CAB's proof of <i>managing liabilities</i> (e.g. reserves, insurance) 7. Copy of certification agreement between the CAB and its client (1 e-copy) 8. Copy of Certificates issued to its clients (1 e-copy) Note: The applicant body shall have granted at least two (2) certificates for each scheme applied. 9. List of certified persons (specifying name, geographical location, scope of certification and effectivity date) (1 e-copy) 10. Copy of CAB's Quality Manual.(1 e-copy) 11. Copy of CAB's Rules/Procedures of certification (1 e-copy) 12. List of auditors/validators/verifiers (including their approved scopes) and technical experts (1 e-copy) 13. Latest audited financial statement of CAB (1 e-copy) 14. Detailed organizational structure with individual duties and responsibilities (1 e-copy) 15. Information on fees charged to its applicants and certified organization and the means by which CAB obtains financial support (1 e-copy) 16. Records of the latest 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) 				
24. Declaration				
We declare that: <ol style="list-style-type: none"> 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. <p>We understand that our certification activities shall be assessed against the following accreditation criteria and standard (in its current version) specific to the certification scheme being applied:</p> <ol style="list-style-type: none"> 1. ISO/IEC 17024 2. Persons Certification Scheme Requirements 3. Applicable IAF/APAC Mandatory Documents and issued Resolutions 4. PAB Policies and Advisories 5. Use of PAB Accreditation Symbol 				
<p style="text-align: center;">President/General Manager: _____</p> <p style="text-align: center;">Signature: _____</p> <p style="text-align: center;">Date: _____</p>				

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

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