

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	
1. Certification Scheme being applied for Accreditation: <u>Occupational Health and Safety Management System</u>	
2. Applicant (name of CAB 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'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: (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"/> not applicable <input type="checkbox"/> policy formulation <input type="checkbox"/> process and/or procedure development <input type="checkbox"/> 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					
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. 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:						
13. Scope of Accreditation Being Applied For (For Initial and scope extension application, select up to a maximum of 10 scopes only)						
<input type="checkbox"/> IAF 1 Agriculture, forestry and fishing <input type="checkbox"/> IAF 2 Mining and quarrying <input type="checkbox"/> IAF 3 Food products, beverages and tobacco <input type="checkbox"/> IAF 4 Textiles and textile products <input type="checkbox"/> IAF 5 Leather and leather products <input type="checkbox"/> IAF 6 Wood and wood products <input type="checkbox"/> IAF 7 Pulp, paper and paper products <input type="checkbox"/> IAF 8 Publishing companies <input type="checkbox"/> IAF 9 Printing companies <input type="checkbox"/> IAF 10 Manufacture of coke and refined petroleum products <input type="checkbox"/> IAF 11 Nuclear fuel <input type="checkbox"/> IAF 12 Chemicals, chemical products and fibres <input type="checkbox"/> IAF 13 Pharmaceuticals <input type="checkbox"/> IAF 14 Rubber and plastic products <input type="checkbox"/> IAF 15 Non-metallic mineral products <input type="checkbox"/> IAF 16 Concrete, cement, lime, plaster etc <input type="checkbox"/> IAF 17 Basic metals and fabricated metal products <input type="checkbox"/> IAF 18 Machinery and equipment <input type="checkbox"/> IAF 19 Electrical and optical equipment <input type="checkbox"/> IAF 20 Shipbuilding <input type="checkbox"/> IAF 21 Aerospace <input type="checkbox"/> IAF 22 Other transport equipment <input type="checkbox"/> IAF 23 Manufacturing not elsewhere classified <input type="checkbox"/> IAF 24 Recycling <input type="checkbox"/> IAF 25 Electricity supply <input type="checkbox"/> IAF 26 Gas supply <input type="checkbox"/> IAF 27 Water supply <input type="checkbox"/> IAF 28 Construction <input type="checkbox"/> IAF 29 Wholesale and retail trade; Repair of motor vehicles, motorcycles and personal and household goods <input type="checkbox"/> IAF 30 Hotels and restaurants <input type="checkbox"/> IAF 31 Transport, storage and communication <input type="checkbox"/> IAF 32 Financial intermediation; real estate; renting <input type="checkbox"/> IAF 33 Information Technology <input type="checkbox"/> IAF 34 Engineering services						

<input type="checkbox"/> IAF 35 Other services <input type="checkbox"/> IAF 36 Public administration <input type="checkbox"/> IAF 37 Education <input type="checkbox"/> IAF 38 Health and social work <input type="checkbox"/> IAF 39 Other social services (PAB does not offer IAF 20 Shipbuilding and IAF 21 Aerospace)		
14. Institutional Membership (Local/Foreign)		
15. Other Services Offered		
16. Accreditation being maintained or applied to Accreditation Bodies other than PAB		
Name of Accreditation Body (AB)	Scope	Effectivity Date
17. Number and where certificates were issued with PAB accreditation symbol		
Number		
Country		
18. Total number of certificates issued		
19. Number of Auditor (accomplish in separate sheets)		
Lead Auditors		Auditors
20. Where did you learn about us?		<input type="checkbox"/> PAB Promotional Activities <input type="checkbox"/> Customer Requirement <input type="checkbox"/> Regulatory Requirement <input type="checkbox"/> Other: _____
21. Documents to be provided upon application		
Note 1: PAB will only accept Applications 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 per scheme applied (1 e-copy) 3. Accomplished Assessment Checklist per scheme applied (1 e-copy) 4. Signed PAB Accreditation Agreement (1 e-copy) 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) 6. Copy of CAB's proof of managing liabilities (e.g. insurance, *reserves) (1 e-copy) 7. Copy of certification agreement between the CAB and its clients (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 for accreditation 9. List of organizations with issued certificates (specifying scopes, validity of certificates, address and contact numbers) (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 (including their approved scopes) and technical experts (1 e-copy) 13. Latest audited financial statement of the CAB (1 e-copy) 14. Detailed organizational structure with individual duties and responsibilities (1 e-copy) 		

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 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 TS 17021 – 10: Competence requirement for auditing and certification of occupational health and safety 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
 Department of Trade and Industry
 Ground Floor HPGV Building
 395 Sen. Gil J. Puyat Avenue, Makati City 1209
 Landline : (+02) 8895-3995
 Mobile : (+63)9178192971

To be filled-out by PAB:

The submitted application documents are:

___ incomplete, please submit the following:

- The submitted application documents are complete
- The applied accreditation scopes are correctly identified.
- The application form is properly signed and dated.
- For endorsement to the Resource Reviewer for further review.

Application Reviewer:

Name/Signature:

Date:

PAB is capable to render the accreditation services requested by the applicant CAB (relative to the scheme and scopes).

Remarks:

Resource Reviewer:

Name/Signature:

Date: