

Applicant (nume of CAB exactly as it is to appear on your Cartificate of Accreditation) (House/ Building No./ Building No./ Building No./ (Barangay) (City/ Municipality) (Province) (Region) (Zip Co (Barangay) (City (Province) (Region) (Print legibly. Tick appropriate boxes and use separate sheet if necessary. Indicate N/A if not applicable.						
Applicant (nume of CAB exactly as it is to appear on your Cartificate of Accreditation) (House/ Building No./ Building No./ Building No./ (Barangay) (City/ Municipality) (Province) (Region) (Zip Co (Barangay) (City (Province) (Region) (Re	v. No 🛛 🗆 Initial	Renewal	Scope Extension			
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			 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 Involv	ved in the Organ	ization		ease indicate the creditation is bein		olved in the operation	ons where
	No. of Total Staff	No. of PWD	I	No. of Indigenous Person	No. of Senior Citizen	No.of Male	No.of Female
Management:							
Administrative:							
Technical:							
Support Staff:							
	ccreditation Bei				of 10		
 □ IAF 2 Mini □ IAF 3 Foo □ IAF 4 Text □ IAF 5 Lea □ IAF 6 Woo □ IAF 7 Pulp □ IAF 8 Pub □ IAF 9 Print □ IAF 10 Mart □ IAF 11 Nucc 	culture, forestry ng and quarryir d products, bev tiles and textile ther and leathe od and wood pr o, paper and pa lishing companies nufacture of col- clear fuel emicals, chemic	ng verages and to products r products oducts per products ies se and refined	pet	roleum produc	sts		
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 IAF 35 Other services IAF 36 Public administration IAF 37 Education IAF 38 Health and social work 				
□ IAF 39 Other social services				
(PAB does not offer IAF 20 Shipbuilding and IAF 21 Aer	rospace)			
14. Institutional Membership (Local/Foreign)				
15. Other Services Offered				
16. Accreditation being maintained or applied	I to Accredita	ation Bodies other than	РАВ	
Name of Accreditation Body (AB)	Scope	Effe	ectivity Date	
17. Number and where certificates were issue	ed with PAB a	accreditation symbol		
Number				
Country				
18. Total number of certificates issued				
19. Number of Auditor (accomplish in separate sheets)			
Lead Auditors		Aud	itors	
20. Where did you learn about us? PAB Promotional Activities Customer Requirement a Regulatory Requirement 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. 				
 Letter of Application (1 e-copy) Accomplished application form per scheme applied (1 e-copy) Accomplished Assessment Checklist per scheme applied (1 e-copy) Signed PAB Accreditation Agreement (1 e-copy) 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) Copy of CAB's proof of managing liabilities (e.g. insurance, *reserves) (1 e-copy) Copy of certificates issued to its clients (1 e-copy) 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 List of organizations with issued certificates (specifying scopes, validity of certificates, address and contact numbers) (1 e-copy) Copy of CAB's Rules/procedures of certification (1 e-copy) Copy of CAB's Rules/procedures of certification (1 e-copy) List of auditors (including their approved scopes) and technical experts (1 e-copy) Latest audited financial statement of the CAB (1 e-copy) 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 a	re complete
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□ The applied accreditation scopes are correctly identified.

 \Box 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: