

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 : Product Certification

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 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:

Male Female

Social Classification:

Abled PWD

Senior Citizen 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:

Sole Proprietorship

Partnership

Corporation

Government

Others _____

Asset Size (Php):

Micro (up to P3M)

Small (above P3M to P15M)

Medium (above P15M to P100M)

Large (above P100M)

Industry Classification:

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)

- 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					
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 (Detailed list of scopes being applied, with identified standards per product scope to accomplish in separate sheet/s)						
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			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:						
15. Certification Scheme Information (use separate page as needed)	Scheme Title: _____ Product, process or service covered: _____ Scheme Owner: _____ Standards used in the scheme: _____ Testing Laboratories used for the scheme: _____ Inspection bodies used for the scheme: _____ Mark of conformity (submit sample) Certificate of conformity (submit sample) Certification Process (brief description of sample selection, evaluation, review and decision on certification)					
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 and where certificates were issued with PAB accreditation symbol		
Product Certification		
Number		
Country		
20. Total number of certificates issued		
Product Certification		
21. Number of Auditors/Inspectors and Technical Experts/Code Holders (List of names to accomplish in separate sheet/s)		
Lead Auditors/Inspectors	Auditors/Inspectors	Technical Experts/Code Holders
22. Documents to be provided upon application		
<p>Note 1: PAB will only accept Application for accreditation with complete documentary requirements</p> <p>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.</p>		
<ol style="list-style-type: none"> 1. Letter of Application (addressed to PAB Director) (1 e-copy) 2. Accomplished Application Form (1 e-copy) 3. Accomplished assessment checklist identifying where in the documented management system addresses the requirement of ISO/IEC 17065 (1 e-copy) 4. Signed PAB Accreditation Agreement (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 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) <div style="margin-left: 20px;">Note: The applicant body shall have granted at least two (2) certificates for each scheme applied.ist of organizations with issued certificates (specifying scopes, validity of certificates, address and contact numbers)</div> 9. List of certified organizations (specifying certified 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 and 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) 		

23. Declaration

We declare that:

- a. The information given above is true and correct.
- b. The applicant has the necessary resource 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 standard (in its current version) specific to the certification scheme being applied:

- 1. ISO/IEC 17065
- 2. Product Certification Scheme Requirements
- 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: