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| <p><i>Print legibly. Tick appropriate boxes and use separate sheet if necessary. Indicate N/A if not applicable.</i></p> | | |
| <p>Rev. No. ____ <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Scope Extension</p> | | |
| <p>1. Type of Certification Scheme being applied for Accreditation : <u>Persons Certification</u></p> | | |
| <p>2. Applicant (name of CAB exactly as it is to appear on your Certificate of Accreditation)</p> | | |
| 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 fom 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 | Please indicate the number of staff involved in the operations where accreditation is being sought. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">No. of Total Staff</th> <th style="width: 15%;">No. of PWD</th> <th style="width: 15%;">No. of Indigenous Person</th> <th style="width: 15%;">No. of Senior Citizen</th> <th style="width: 15%;">No. of Male</th> <th style="width: 15%;">No. of Female</th> </tr> </thead> <tbody> <tr> <td>Management:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Administrative:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Technical:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Support Staff:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | 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: | | | | | | | |
| | 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 Owner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. Institutional Membership (Local/Foreign) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. Other Services Offered | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. Accreditation being maintained or applied to Accreditation Bodies other than PAB | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 (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 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. 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) Information on fees charged to its applicants, certified/validated / verified organization, and the means by which it obtains financial support. (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 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 standards (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 | | | | |
| 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: