

<i>Print legibly. Tick appropriate boxes and use separate sheet if necessary. Indicate N/A if not applicable.</i>	
Rev. No. ____ <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Scope Extension	
1. Type of Certification Scheme being applied for Accreditation <input type="checkbox"/> Greenhouse Gases Validation/Verification <input type="checkbox"/> Other Validation/Verification Program	
2. Applicant (name of V/VB 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:
	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. Relationship with a larger entity, if any (please describe the extent of activities or involvement of the V/VB with larger entity, provide additional sheet if needed)	

11. 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:						
12. Institutional Membership (Local/Foreign)						
13. Other Services Offered						
13. Office location/s where key activities for the validation/verification program are conducted. Include a description of the activities that take place in each office.						
Locations:		Activities:		Personnel:		
14. 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:						
15. Type of Activity for which V/V Body seeks accreditation			<input type="checkbox"/> Validation (project-level) <input type="checkbox"/> Verification (organization-level) <input type="checkbox"/> Verification (project-level)			
16. Validation/Verification Programs			<input type="checkbox"/> Carbon Offsetting and Reduction Scheme for International Aviation (CORSIA) <input type="checkbox"/> Others (please specify): _____			
17. Other Information:			Mark of conformity (submit sample) Certificate of conformity (submit sample) Validation/Verification Process (brief description of sample selection, evaluation, review and decision on Validation/Verification)			
18. Accreditations/recognitions being maintained or applied to Accreditation Bodies other than PAB (List all relevant accreditations (e.g. ISO/IEC 17021, 17025, etc.) and any recognitions/accreditations related to V/V activities that the V/VB currently holds.)						
Name of Accreditation Body (AB)		Accreditation Scheme/Recognition		Effectivity Date		
19. Certificates issued: (Number and where certificates were issued with PAB accreditation symbol)			Total Number: _____			
			Location: _____			

20. Validation/Verification Team (No. of Validators, and/or Verifiers, and Technical Experts. List of names to be accomplished in separate sheet/s)		
Validation Team	Validators	:
	Technical Experts	:
Verification Team	Verifiers	:
	Technical Experts	:
<p>21. Documents to be provided upon application</p> <p>Note 1: PAB will only accept applications 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 (1 e-copy) 2. Accomplished Application Form per scheme applied (1 e-copy) 3. Accomplished assessment checklist identifying where in the documented management system addresses the requirement of ISO 14065 (as applicable) (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 V/VB, duly notarized registration documents and authenticated by Philippine Consulate or an equivalent document from the country where V/VB is operating, as proof of being a legal entity as the case may be. (1 e-copy) 6. Copy of applicant body's proof of managing liabilities (e.g. reserves, insurance) (1 e-copy) 7. Copy of agreement between the applicant body and its client (1 e-copy) 8. Copy of validation/verification activity report (1 e-copy) 9. List of validation/verification activities done by the applicant V/VBs with their client (1 e-copy) 10. Copy of applicant body's Quality Manual (1 e-copy) 11. Copy of applicant body's Rules/Procedures of validation/verification (1 e-copy) 12. List of validation/verification team (i.e. lead validator/verifier, validator/verifier) and technical experts (1 e-copy) 13. Latest audited financial statement (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 the latest Internal Audit conducted by the applicant body (1 e-copy) 17. Records of management review conducted by the applicant body (1 e-copy) 18. Copy of Latest Risk Management Matrix (1 e-copy) 		
22. 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 resource to undertake validation/verification. 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 validation/verification activities shall be assessed against the following accreditation criteria and standards specific to the validation/verification scheme being applied:		
<ol style="list-style-type: none"> 1. ISO/IEC 17029, ISO 14065, ISO 14066, ISO 14064-3 2. Applicable GHG, Validation, and Verification Program requirements 3. Applicable IAF/APAC Mandatory Documents and issued Resolutions 4. PAB Policies and Advisories 		
<div style="text-align: center;"> <p>President/General Manager: _____</p> <p>Signature: _____</p> <p>Date: _____</p> </div>		

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
E-mail : pab@dti.gov.ph

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: