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Date of application						
Certification Scheme						
The Certification Body is applying for (Please tick in the appropriate box)						
Initial Accreditation		Renewal of Accreditation		Scope Extension		Pre-assessment
1. This form should be completed in full (for scope extension 2.1, 3.3 & 4.2 only) and returned to: Ethiopian Accreditation Service P.O Box 3898 Addis Ababa Tel: +251 11667 1245 Fax: +25111 61 84 154 E-mail: info@EAS-eth.org						
2. The Following documents shall be submitted together with the application form. Types of documents: (Tick which is attached)					Yes	No
▶ Quality Manual, Procedures and formats						
▶ Authorized certification standard/guide(s)						
▶ Completed Horizontal Check list form						
▶ Summary of internal audit and clearance report.						
▶ Summary of management review meeting report						
▶ Evidence legal entity						
▶ Service evidence data after effective implementation of Quality Management system (i.e. after conduct of internal Audit and NC clearance) as indicated in EAS P07 recent version						
▶ Risk Analysis Report						
2. Certification Body Details						
2.1 Name of the Certification body						
Region		City				
Postal address						
Telephone:					Fax:	
E-mail:						
2.2 Name of branch certification body/if any						
Telephone:					Fax:	

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E-mail:	
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2.3 Legal Status and Date of Establishment (Please give Registration No. and name of authority who granted the registration)	
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2.4 Certification body Registered as

Private limited company		Private partnership		Public limited company		Government body		Other	
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2.5 Type of Accreditation Sought

ISO/IEC 17021		ISO/IEC 17065		ISO 17024					
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2.6 name of Scheme ownership:-

2.7 Is Certification Sub contracted	Yes		No						
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2.8 if the scheme owner allows to subcontract?	Yes		No						
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(if yes, please specify the subcontracted organization and subcontracted activities)	
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3. Accreditation Details

3.1 Is Certification body accredited by another accreditation body? If so please specify (attach documents for proof)
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No	Activity and Scope of Accreditation	Against which Standard/ Scheme(s)	Name of Accrediting Institution	Period of Validity of Accreditation/

3.2 Scope of Accreditation Please complete the following table and include, wherever possible, standard scheme(s) and specification involved. This may be Ethiopian, regional and international standards. The title of the



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scheme(s)/regulation(s) or specification, its number and date of issue should be listed.
(use extra sheet if necessary)

Scope	Scheme type	Specific item(s)	Standards

3.2.1 Organizations certified within the scope of accreditation sought (for QMS/EMS)

- 1.
- 2.
- 3.

3.3 Extension of Scope/scheme(s) of Accreditation

If the certification body want to extend existing scope of accreditation, the following additional information:
Must be given.

I Accreditation Number

II. Brief description of the scope/scheme of accreditation

III. Date of Expiry of accreditation

IV. Extension Requested for and the applicable standard/regulation

V. Organizations certified within the scope extension sought (for QMS/EMS)

- 1.
- 2.
- 3.

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4. Certification Body

4.1 Authorized representative for accreditation related matters:

4.2 Total number of staffs, fulltime auditors, empaneled auditors and empaneled technical experts in certification body for the specific field/scheme and scope applied

4.3 Please list the name and technical qualification of the following staff members

4.3.1 Technical manager (or equivalent) of Certification body	Title		Full Name		Technical Qualification	
Deputy Technical Manager (or equivalent) of Certification body	Title		Full Name		Technical Qualification	
Quality Manager (or equivalent) of certification body	Title		Full Name		Technical Qualification	
Deputy Quality Manager (or equivalent) of certification body	Title		Full Name		Technical Qualification	

4.4 Person authorized to sign the certificate (additional separate sheet where required is possible)

No	Certification	Name	Qualification	Work Experience (years)

4.5 Does the certification body operate on several sites: (if yes, please fill the following address)

					Yes		No	
Activities	Country	Region	Zone	City/street no.	Woreda/District			



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4.6 Certification body chart

4.6.1 Indicate in certification body chart the operating departments of certification body for which accreditation is being sought (please append)

4.6.2 Indicate how the certification body is related to external organizations or to its own main or branch certification body (where applicable, if it is part of a larger organization)

5. Declaration

I declare that I am authorized, on behalf of the certification body, to give this information, and the information contained herein is both correct and accurate to the best of my knowledge and belief. I also undertake on behalf of the Certification Body to continually fulfill the requirements for accreditation and the other obligations of the conformity assessment body

Title	Position/Designation	Name	Signature	Date
	CEO/Manager /G. Director			