In accordance with ISO/IEC 17021-1 as a certification body named below, we apply for:

|  |  |
| --- | --- |
| [ ]  | The Initial Accreditation1 |
| [ ]  | The Extension of Accreditation Scope1  |
| [ ]  | The Change of Accreditation Scope1 |
| [ ]  | The Re-accreditation1 |
| 1 :  *Please fill in TABLE-1* |

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| --- |
| Name-Identity of the Certification Body: |
| Address: |
| Trademark of the Certification Body (if available) : |
| City: | Postal Code:  | Country: ……………………..…..……… |
| Phone: | Fax: ………..…..………………………… |
| e-mail:  | Website:  |
| Tax office | Tax no: …………………………………………… |
|  |
| Name and Surname of the Certification Body: Phone : Mobile Phone : e-mail: Name and Surname of Contact Person: Phone : Mobile Phone: e-mail: Legas Status of the Certification Body:(e.g. Public Body, Corp., Co.,Ltd., Inc., Foundation, Association etc.)Owner of the Certification Body:Name: ………………..Surname: ………………..Date of birth: ………………..Identification No: ………………..*(Please attach Legal Status Document to this application form.)* |

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| Signature Authorities:Name: ………………..Surname: ………………..Date of birth: ………………..Identification No: ………………..*(Please attach the documents showing that signature authorities are legally have rights to represent your body)* |
| Is the Certification Body part of another legal entity?[ ]  Yes [ ]  No If Yes:Name of the legal entity: ………………..Address: ………………..Company registration number: ………………..Please state the Certification Body’s relationship with the legal entity given above: |

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| **Contact/Representing Person and his Position:** |
| Phone:Mobile Phone: E-mail: |
|  |
| **Head of the Certification Body:** Phone:Mobile Phone: E-mail:  |
|

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| Has internal audit been conducted?If No; *Explanation*:  | Yes[ ]  No[ ]   |
| Has management review audit been conducted?If No; *Explanation*:  | Yes[ ]  No[ ]   |
| Does the Certification Body operate at several sites? | Yes[ ]  No[ ]   |
| Site[ ]   | Mobile Facility[ ]   | Temporary Facility [ ]  |  Virtual Site[ ]   | Remote Personnel [ ]   |
| Have you taken any consultancy and/or training service for establishing your management system which is subjected to accreditation against ISO/IEC 17021-1 requirements Yes[ ]  No[ ]   |
|  **Branch Information:**Branch Title: E-mail: Head of the Branch:Address:Phone: Fax: Contact Persons:Name Surname: E-mail: Phone: |
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| Please select the appropriate one among below options:

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Other addresses where the activities are carried out, representative office, liaison office etc. | [ ]  Tempory Facility |  [ ]  Virtual Site  | [ ]  Remote Personnel *(location where remote personnel work)* |

Head/Branct it is associated with:Unique Definiton:All activities performed:Address:Phone: Fax:  |

|  |
| --- |
| Current Accreditation and Other Authorization Information |
| Accreditation Body Name:Date of Application to Accreditation Body: Accreditation Application Status: [ ]  Process continues [ ]  Accredited [ ]  RejectedFields applied for Accreditation: |

**TABLE 1 - CERTIFICATION FIELD FOR WHICH ACCREDITATION IS REQUESTED**

*(Please indicate separately the scopes for Head of Body, Branches and Other Locations)*

[ ]  For ISO 9001:2015 certification activities

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*Accreditation requested IAF codes should be written above table.*

[ ]  For ISO 14001:2015 certification activities

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*Accreditation requested IAF codes should be written above table.*

[ ]  For ISO 22000:2005 / ISO 22000:2018 certification activities

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*Accreditation requested categories (based on ISO/TS 22003:2013) should be written above table.*

[ ]  For ISO 13485:2016 certification activities based on scopes according to IAF MD 8 (in line with IAF MD 9 Annex A)

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[ ]  For ISO/IEC 27001:2013 certification activities based on scopes according to ISO/IEC 27006

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[ ]  For ISO 50001:2018 certification activities based on scopes according to ISO 50003:2015

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[ ]  For ISO 45001:2018 & OHSAS 18001 certification activities

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*Accreditation requested IAF codes should be written above table.*

[ ]  For ISO 28000 certification activities based on scopes according to ISO 28003

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[ ]  For ISO/IEC 20000-1 certification activities based on scopes according to ISO/IEC 20000-6

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[ ]  For ISO 22301 certification activities based on scopes according to ISO 17021-6

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 [ ]  For ISO/IEC 27701 certification activities based on scopes according to ISO/IEC 27001 & 27002

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[ ]  For ISO 37001 certification activities based on scopes according to ISO 17021-9

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[ ]  For ISO 55001 certification activities based on scopes according to ISO 17021-5

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[ ]  For ISO 41001 certification activities based on scopes according to ISO 17021-11

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[ ]  For NSO-NAP 10 certification activities based on scopes according to ISO 17021-1

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[ ]  Other (to be defined below)

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| Has any certification activity performed in the application scope(s)?Yes[ ]  No [ ]  Number of reports/certificates prepared for each scope :

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|  |

Information about the work done and infrastructure established in the requested scopes, until now.:

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| Where the applied accreditation scope includes scope(s) subject to the consent of the scheme owner, the document indicating the necessary consents for the said scheme(s) shall be attached to the application

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| As the applicant management system certification body we hereby declare that the NBE Accreditation Procedures and NBE Rules are understood by us and all costs that will be invoiced consistent with NBE Service Fees Guide (G-1-02) will be paid by our product certification body. |
| NAME-SIGNATURE:  | OFFICIAL STAMP |
| VENUE: |
| DATE:. |

***IMPORTANT NOTES:***

*FR-7-01-71 “Conformity Assessment Body Representing Person Declaration for Accreditation Services Form” and FR-7-01-39 “Accreditation Contract” (2 copies) shall be filled, signed by authorized person and attached to this application form.*

*After receiving the application form and annexes, your application will be sent to NBE e-mail. After this stage, applicant Certification Body should send requested documents to NBE e-mail.*