

Deutsche Akkreditierungsstelle GmbH

(German Accreditation Body)

Application Service and New Client Support

E-Mail: a-nkb@dakks.de

- Application -

Note: This form shall only be used by applicants outside the European Economic Area (EEA)

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This application relates to the following accreditation case no. (if already assigned):

Application for:

- Initial Accreditation**
- Re-Accreditation**
- Change of Accreditation (e. g. change of CAB name, scope, locations, etc.)**

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This application is hereby submitted for accreditation as a

and for permission to use the accreditation symbol in accordance with the licence terms and conditions (*Link*).

1. Applicant Data¹

Name and legal status of the applicant:			
Street:			
Postal code:		City:	
		Country:	

¹ Please enter the exact designation of the applicant legal entity

2. Address for receiving invoices, if different to the address in section 1				
Company name:				
Department (optional):				
Street or P.O. Box:				
Postal code:		City:		Country:
Contact person:			Email:	
Order number/reference (optional):				

3. Address for receiving the accreditation certificate(s), if different to the address in section 1				
Company name:				
Street:				
Postal code:		City:		
Country:				

4. Information about the Conformity Assessment Body (CAB)				
Name of CAB ² :				
Number of employees ³ :				
Street:				
Postal code:		City:		
Country:				
Does the CAB operate on several sites within the applied scope of accreditation? If yes, further locations of CAB⁴:			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Street:			Number of employees:	
Postal code/City:				
Country:				
Street:			Number of employees:	
Postal code/City:				
Country:				
Street:			Number of employees:	
Postal code/City:				
Country:				

² The applicant as well as the name of the CAB (if different) will usually be referred to in the accreditation certificate.

³ Number of employees working in the area to be accredited, including external employees (e.g. samplers, inspectors, auditors), regardless of whether they have a part-time or full-time position.

⁴ Please enclose attachments if space is not sufficient.

5. Contact data			
Contact Person⁵			
Name:		Tel.:	
Email:			
Head of the CAB			
Name:		Tel.:	
Email:			
Legal representative / authorised to represent			
Name:		Tel.:	
Email:			

7. Accreditation with flexible scope	
<p>Regarding the possibility of accreditation with a flexible scope, in accordance to the relevant DAkkS rule (Link) and depending on the type of your accreditation, please contact your case manager in advance.</p> <p>Please note that accreditation with a flexible scope may not be possible in some technical sectors. Moreover, accreditation with a flexible scope requires increased assessment effort due to specific requirements that must be fulfilled by the applicant.</p>	
<p>Application for accreditation with flexible scope</p> <p>Please attach the following mandatory documents:</p> <ul style="list-style-type: none"> ▪ The scope of accreditation, indicating the sections for which flexibility is requested ▪ An additional list of the corresponding activities included in the flexible scope in accordance with the relevant DAkkS rule (Link) 	<input type="checkbox"/> Yes

8. Information about existing accreditations		
<p>Are there further DAkkS accreditations of the applicant?</p> <p>If yes, case number:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Is the CAB already accredited by another accreditation body?</p> <p>If yes, name of the accreditation body:</p> <p>Case number:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Are there any other existing or applied notifications, permissions or applications of the CAB?</p>		

9. Questions about the local accreditation body of the applicant		
<p>Is there a local accreditation body in the applicant's country?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Does the local accreditation body offer the required scope?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If the questions above are all answered with yes, what are the reasons for applying for accreditation by DAkkS instead of the local accreditation body?</p>		

⁵ Main contact person of the CAB for planning and realization of the accreditation procedure.

10. Annex**Scope of accreditation (mandatory):**

Please attach a separate list of the standards, methods, procedures, and schemes for which you apply for accreditation as a conformity assessment body (refer to the list templates [LI-Antrag GB_EN](#))

If applicable, the updated annex of the accreditation certificate can be enclosed

Please attach the following mandatory documents (including English translation if applicable):

- A proof of the legal entity (e.g., certificate of registration, excerpt from the commercial register, documentation of legal structure and status)
- An organisational chart with full names of all responsible persons (including managing director, management, board of directors etc.)
- The authorisation documents for the legal representative and any other authorized signatories, if applicable
- All names of persons or entities with more than 25% of ownership of the company
- A description of the relationships with supervisory or subordinated entities (legal persons, individual persons, parent company, subsidiaries). Please attach organisational charts.

With signature the applicant body declares to recognize and take note of the following conditions:

- a) To fulfil the requirements of the Deutsche Akkreditierungsstelle GmbH (DAkkS) continually and verifiable for those scopes the accreditation/reaccreditation has been applied or granted and to adapt all changes in requirements of the accreditation/reaccreditation,
- b) To cooperate as is necessary to enable DAkkS to verify fulfilment of accreditation requirements,
- c) To provide access to conformity assessment body personnel, locations, equipment, information, documents and records as necessary to verify the fulfilment of the accreditation requirements,
- d) To ensure to carrying out witness-audits of the services of the conformity assessment body to be accredited when requested by DAkkS,
- e) To have, where applicable, legally enforceable arrangements with their clients binding them to provide access to assessment teams of DAkkS on request, to assess the conformity assessment body's performance when carrying out conformity assessment activities at the client's site,
- f) To claim accreditation only with respect to the scope for which it has been granted,
- g) To comply with the license terms and conditions regarding the use of the accreditation symbol,
- h) Not to use the accreditation in any way that brings DAkkS into disrepute,
- i) To inform DAkkS without delay about changes or occurrences in written form which may affect the technical competence and suitability of the conformity assessment. These include in particular changes in management-/ key personnel, its legal, commercial, ownership or the organizational status of the conformity assessment body, changes of resources and locations, changes within the scope of accreditation as well as changes regarding essential spatial and equipment requirements for the accreditation,
- j) To pay fees as determined by DAkkS,
- k) To assist in the investigation and resolution of any accreditation-related complaints about the conformity assessment body referred to it by the accreditation body,
- l) To grant the consultation of the respective local accreditation body, to the extent specified by DAkkS, for each assessment of locations of the conformity assessment body outside of Germany or of conformity assessment activities which are processed outside of Germany,
- m) DAkkS will inform the local accreditation body about the application;
- n) DAkkS may cooperate with the local accreditation body with regard to:
 - Exchange of information considering factors such as language, local laws and regulations, culture, relevant local accreditation requirements etc., as well as technical competence requirements,
 - Include personnel from the local accreditation body on the assessment team, as observer or to provide translation service.

Place, Date

Signature of the authorised representative of
the applicant Name in block letters

Place, Date

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the applicant Name in block letters