

(Will be filled-in by Deutsche
Akkreditierungsstelle GmbH (DAkKS))

Case No.:

Customer Manager:



Incoming date/stamp:

Deutsche Akkreditierungsstelle GmbH
Central Application Processing (ZAB)
Spittelmarkt 10
D-10117 Berlin
GERMANY

zab@dakks.de

Application

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

Please checkmark, add or complete

This application relates to the following accreditation case no.¹:

XX-YYYYY-ZZ

1. Applicant Data

PLEASE ENTER THE EXACT DESIGNATION OF THE APPLICANT LEGAL ENTITY

Name and legal status of the applicant **(please enclose proof of structure and legal status, e.g. certificate of registration, excerpt of the commercial register)**

Applicant: *Institute for and analytics and research "John Doe" University West Beach*

Street: *Pattern Street 100*

Postal Code: *12345* Place: *Pattern Town* Country: *China*

Name(s) of authorized representatives of the applicant: *Dr. (Mr.) John Doe*
(e. g. registered persons in the certificate of registration)

Please enter **only** the legal entity.

Please enter the person who has the **right** to sign.

2. Address for receiving invoices, if different to the address in section 1

Company name *John Doe Ltd.*

Contact person *Mr. Michael Miller*

Street: *Sample Road 100*

Postal code: *543214* Place: *Sample City, ...*

Please enter an invoice address only, if it is different to the one indicated in section 1 "Applicant data".

Please specify in the order title, Mr/Ms, name, surname.

¹ Please add case no., if available.

3. Type of Conformity Assessment Body (CAB)²

ONLY ONE TYPE OF CAB CAN BE SELECTED, FOR EVERY TYPE OF CAB A SEPARATE FORM MUST BE USED!

- Testing laboratory ISO/IEC 17025
- Calibration laboratory ISO/IEC 17025
- Medical laboratory ISO 15189
- Inspection body ISO/IEC 17020 Type A
- Inspection body ISO/IEC 17020 Type B
- Inspection body ISO/IEC 17020 Type C
- Certification body for management systems ISO/IEC 17021-1
- Certification body for persons ISO/IEC 17024
- Certification body for products, processes and services ISO/IEC 17065
- Proficiency Test Provider ISO/IEC 17043
- Validation / Verification body ISO 14065³
- Producer of Reference Materials ISO Guide 34 in conjunction with ISO/IEC 17025

Please select **only one** type of CAB, for every type of CAB a separate form is to be used.

4. Application for

- Initial Accreditation
- Re-Accreditation
- Modification of Accreditation (e. g. change of the name of the CAB)
- Extension of Accreditation (e.g. enlarged scope, new locations, etc.)
- Reduction of Accreditation Scope (e.g. reducing of the accredited scope, site closure, etc.)

Please fill out only if different from section 1 "Applicant data", e. g. the address of the laboratory

5. CAB information

Name of CAB⁴ (if different to the applicant):

John Doe University, Testing Laboratory

Street:

Pattern Street 200

Postal Code:

34567

City:

Pattern City

Please specify in the order title, Mr/Ms, name, surname.

Head of the CAB:

Prof. (Ms.) Jane Doe

Deputy head:

Dr. (Mr.) Michael Miller

Contact person⁵:

Ms. Jennifer Doe (Assistant)

Tel.: *+86 0000 0000*

E-Mail:

info@johndoe.cn

Fax: *+86 0000 0001*

Contact data to be used in the DAKKS database of accredited bodies at www.dakks.de

Name:

Tel.:

Fax:

E-Mail:

Unless otherwise stated it will be the contact person

Number of employees within the accreditation field:

(including external employees like auditors, inspectors, sampler, etc. / Specify the number of employees per location)

100

Number of employees of the CAB in the accredited area mentioned under section 5 "CAB information"

² Conformity Assessment Bodies are bodies that perform conformity assessment activities – such as laboratories, bodies, inspection bodies or verification bodies etc.

³ Verification bodies are bodies for the purpose of EU Regulation No. 600/2012 from June 21, 2012 on the verification of greenhouse gas emission reports and ton-kilometer reports and the accreditation of verifiers pursuant to Directive 2003/87/EC of the European Parliament and of the Council.

⁴ Applicant as well as the name of the CAB (if different) will usually be referred in the accreditation certificate.

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

Description of relations to supervisory or subordinated organizations (legal persons, individual persons, parent company, subsidiaries). Please add organization charts.

Does the CAB operate on several sites within the applied scope of accreditation?⁶	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, further locations of CAB: <input checked="" type="checkbox"/> see attachment		
Street: _____	Please state all further locations of the CAB mentioned under section 5 "CAB information". Should there not be sufficient space, please attach an annex to the application.	Number of employees: _____
Code/City: _____ / _____		Number of employees: _____
Street: _____		Number of employees: _____
Code/City: _____ / _____		Number of employees: _____
Street: _____		Number of employees: _____
Code/City: _____ / _____		Number of employees: _____

6. Conformity assessment procedures to be accredited – scope of accreditation

Please attach a separate list about standards, methods, procedures, schemes for which accreditation as a conformity assessment body is applied.

See sample list 72 FB 005_e.

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

Please use the sample lists in 72 FB 005_e, if possible.

**7. Accreditation with flexible scope⁷
(only for testing, calibration and medical laboratories)**

Note:

For the possibility of accreditation with a flexible scope (category I or II) according to the **DAkKS rule 71 SD 0 002** please contact your customer manager.

Applications can be made informally to your customer manager in due time before the assessment.

Accreditation with a flexible scope may be not possible in some technical sectors.

Accreditation for a flexible scope requires increased assessment expenditure because of specific requirements to be fulfilled by the applicant.

Application for Accreditation with Flexible Scope (Category III)	Yes	<input type="checkbox"/>
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8. Application for the use of the accreditation symbol^{8, 9}

Application for the use of the accreditation symbol on result reports: (e.g. on test reports, calibration certificates, examination reports, expertises, certificates, other reports – regarding to type of CAB)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Moreover, the use of the accreditation symbol is applied for other purposes :	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, please specify:		
Application for a combined accreditation symbol? (ILAC-DAkKS or IAF-DAkKS) ¹⁰	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

⁶ Please enclose attachments if space is not sufficient.

⁷ Please take notice of the DAkKS rule 71 SD 0 002 before applying for accreditation with a flexible scope.

⁸ DAkKS strongly recommends the application for the use of the accreditation symbol. Accredited bodies show their status with the accreditation symbol, e.g. on test reports, inspection reports, validation- and verification reports or certificates. Users of reports and certificates are able to recognize the status of conformity assessment with the accreditation symbol.

⁹ DAkKS Rule 71 SD 0 011 applies „Rules for accredited conformity assessment bodies on the use of the accreditation certificate and the accreditation symbol of the Deutsche Akkreditierungsstelle GmbH“. Each type of use shall be announced to and approved by DAkKS before use.

9. Specifications to former accreditations (only for initial accreditations and reaccreditations)

Are there further accreditation files for which the applicant is accredited by DAkkS? If yes, case no.:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Is the CAB already accredited by another accreditation body? If yes, information to the accreditation body: Case no:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Are there any existing or applied notifications, permissions or applications of the CAB?		

10. Questions with regard to the local accreditation body of the applicant¹¹

Is there a local accreditation body?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the local accreditation body a signatory to the IAF MLA or ILAC MRA respectively?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the local accreditation body offer the required scope?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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?		

Example

¹⁰ Usage of combined ILAC-DAkkS- and/or IAF-DAkkS-symbol is possible after signing corresponding sublicense agreement. Rules from ILAC and IAF are to be considered.

¹¹ DAkkS is signatory to the IAF Multilateral Recognition Arrangement (MLA) and ILAC Mutual Recognition Arrangement (MRA). DAkkS strengthens the international network of accreditation bodies through the IAF MLA and ILAC MRA and complies with the rules for cooperation between accreditation bodies.

11. Authorization (optional)¹²

Authorized to make arrangements and contractual agreements between DAkkS and the applicant with regard to the accreditation procedure are:

<input checked="" type="checkbox"/>	The head of the CAB (as specified in section 5.)
<input checked="" type="checkbox"/>	The contact person (as specified in section 5.)
<input type="checkbox"/>	The following person:
Name: _____	
Street: _____	
Postal Code: _____	Place: _____
Tel.: _____	Fax: _____
E-Mail: _____	

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

- To strictly follow the accreditation rules for the applied or granted scope and to assimilate any changes with regard to accreditation requirements;
- To guarantee that DAkkS is able to perform witness audits on demand for any conformity assessment services within the scope of accreditation;
- To inform DAkkS immediately of any significant changes relevant to its accreditation, in any aspect of its status or operation relating to:
 - Its legal, commercial, ownership or organizational structure,
 - the organization, top management and key personnel,
 - resources and premises,
 - scope of accreditation,
 - other such matters that may affect the ability of the CAB to fulfill requirements for accreditation.
- DAkkS will inform the local accreditation body about the application;
- DAkkS may cooperate with the local accreditation body with regard to:
 - Exchange of information taking into account 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 for translation service.

_____, TT.MM.JJJJ

Place, Date

Signature of the authorized representative of the applicant

Name in block letters


,

Place, Date

Name in block letters

The person who is stated under section 1 "Applicant data" signs the application. If there are two responsible persons mentioned under section 1 both need to sign the application.

¹² The authorization is valid until it is cancelled by the applicant with written declaration to DAkkS.

	General list to apply for the scope of accreditation	Page 1 of 3
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Annex to the application¹³ of Institute for and analytics and research “John Doe” University West Beach on [01.07.2016]

Testing or Inspection:

Standard / date of issue In-house method /version	Title of the Standard or the in-house method ¹⁴ (specify any deviations / modifications of standard method)	Test item / Inspection item
ISO 10605 Second edition / Jul-08 Cor. 1 / Feb-10	Road vehicles – Test methods for electrical disturbances from electrostatic discharge	EMC Laboratory
IEC CISPR 25 Third edition / Mar-08 Cor. 1 / Jan-09	Vehicles, boats and internal combustion engines – Radio disturbance characteristics – Limits and methods of measurement for the protection of on-board receivers	EMC Laboratory
ISO 11452-2 Second edition / Nov-04	Road vehicles – Component test methods for electrical disturbances from narrowband radiated electromagnetic energy – Part 2: Absorber-lined shielded enclosure	EMC Laboratory
ISO 11452-4 Fourth edition / Dec-11	Road vehicles – Component test methods for electrical disturbances from narrowband radiated electromagnetic energy Part 4: Harness excitation methods	EMC Laboratory
ISO 11452-8 Second edition / Jun-15	Road vehicles – Component test methods for electrical disturbances from narrowband radiated electromagnetic energy Part 8: Immunity to magnetic fields	EMC Laboratory
ISO 11452-9 First edition / May-12	Road vehicles – Component test methods for electrical disturbances from narrowband radiated electromagnetic energy – Part 9: Portable transmitters	EMC Laboratory
ISO 7637-2 Third edition / Mar-11	Road vehicles – Electrical disturbances from conduction and coupling – Part 2: Electrical transient conduction along supply lines only	EMC Laboratory
ISO 7637-3 Second edition / Jul-07	Road vehicles – Electrical disturbances from conduction and coupling – Part 3: Electrical transient transmission by capacitive and inductive coupling via lines other than supply lines	EMC Laboratory
ISO 16750-2 Fourth edition / Nov-12	Road vehicles – Environmental conditions and testing for electrical and electronic equipment – Part 2: Electrical loads	EMC Laboratory

¹³ Please delete if not applicable or complete fields if necessary

¹⁴ Testing method: method, matrix and analyte are to be named in title of the in-house method.

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Medical examination


Analyte (measurand)	Examination material	Examination Technique	Procedure / version	Device

Certification bodies for products:

Product(s) / Product group(s)	Certification standard

<Other>

<Name>

	General list to apply for the scope of accreditation	Page 3 of 3
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Example

Annex X to application form section 5 "CAB information"

Number of staff members within the accreditation scope:

1.	John Doe University, Testing Laboratory, location a	Number of staff member	
	Members Management		x
	Employees		x
	Administration Employees		x
2.	John Doe University, Testing Laboratory, location b	Number of staff member	
	Members Management		x
	Employees		x
	Administration Employees		x
3.	John Doe University, Testing Laboratory, location c	Number of staff member	
	Members Management		x
	Employees		x
	Administration Employees		x
4.	John Doe University, Testing Laboratory, location d	Number of staff member	
	Members Management		x
	Employees		x
	Administration Employees		x
5.	John Doe University, Testing Laboratory, location e	Number of staff member	
	Members Management		x
	Employees		x
	Administration Employees		x
	Etc.		