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What shall be submitted?

To receive a contract on accreditation of a conformity assessment body (CAB) by DAkKS, clients of third countries (non EU) shall at least submit the following documents:

1. **Completely filled in and *signed* application form [FO-Antrag_NHB_nichthoheitlich_EN](#)**
2. **Valid excerpt of the commercial register or another evidence of the legal form**
3. **Scope of accreditation**

Necessary for Initial Accreditation or if you would like to apply for changes within your already granted scope:

Choose from the list of templates to apply for the scope of accreditation:

Form [LI-Antrag GB_EN](#) or [LI-Antrag GB \(German\)](#)

Should you not find the specific scope(s) you would like to apply for, please fill out the general list to apply for the accreditation scope:

Form [FO-Antrag GB Allgemein_EN](#)

4. **Where necessary, annexes to the form [FO-Antrag_NHB_nichthoheitlich_EN](#)**

If the place in any section of the application is not sufficient, please attach annexes to the application form making reference to the correspondent sections in the application.

We would appreciate it, if our clients within the *European Economic Area*¹ exclusively sent the original application form by post letter to the following address:

Deutsche Akkreditierungsstelle GmbH (DAkKS)
AS 3 Antragservice
Spittelmarkt 10
10117 Berlin
Germany

Our clients outside the European Economic Area are requested to send the application by email to a-nkb@dakks.de.

¹ EEA: EU Member States, Iceland, Liechtenstein, Norway

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General remarks:

An application form shall be submitted in the following cases:

1. **Initial accreditation**
2. **Re-accreditation**
3. **Change of granted accreditation for**

„**Formal**“ changes which require an adjustment of the accreditation certificate (e.g. change of address, change of name, change of holder, change of ownership)

Extension of accreditation (extension of the scope of accreditation - new fields to be accredited or new location to be integrated)

Reduction of the accreditation scope (e.g. reduction or temporary suspension of the accreditation)

Surveillance assessments for the accreditation are performed without any application.

Where the scope of an accreditation is reduced due to findings in a surveillance process, as a rule, the CAB does not need to make an application.

You are thinking about getting accredited by DAkKS but you are not sure about what to do and whom to ask? Please email international@dakks.de

Where there are questions relating to your application process, please feel free to contact our Application Service via a-nkb@dakks.de

Instructions to fill in the form no. [FO-Antrag NHB nichthoheitlich EN](#)

Section 1: Applicant data

- Please complete the information on the „**applicant**“ referring to the contract partner of DAkKS being the legal entity (e.g. Laboratory Mueller Ltd., Meyer Corporation).
- The „subunits/organisational units“ to be accredited shall explicitly be shown under section 5 „CAB information“.
- As an annex please attach a recent proof (not older than 3 months) of the legal form, e.g. of the applicant, e.g. the excerpt of the commercial register / associations register.
- Authorized representative: one or more persons to legally represent the contractor (e.g. sole representative managing director of a limited company, authorised officer,

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jointly authorised agents).

The legally binding authorised representative/s shall sign the application form.

- The information in the form [FO-Antrag GB_Allgemein_EN](#) shall correspond with the information in the commercial register.

Section 2: Address for receiving invoices (optional)

- This section should be filled in, in case the invoices not to be sent to the address of the applicant (section 1 “applicant data”).
- Please fill in the complete invoice address.

Section 3: Address for receiving the accreditation certificate(s) (optional)

- This section should be filled in, in case the certificate(s) not to be sent to the address of the applicant (section 1 “applicant data”).

Section 4: CAB information

- Please indicate the precise name of the CAB, provided this name deviates from the applicant legal entity (**section 1 “applicant data”**) and the complete postal address, or when the body to be accredited is a smaller subunit/organisational unit of the legal person.
- Please indicate names of head and deputy head of the CAB (in the order title, Mr. / Ms., name, surname).
- Number of employees: Please indicate all employees working in the field to be accredited, including also external employees (e.g. samplers, inspectors, auditors, external quality managers). All employees shall be counted – irrespective of having a part-time or fulltime job.
Persons with administrative or supporting tasks in the field to be accredited, shall be added (e.g. procurement, IT personnel).
- Where the accreditation applied for encloses several locations, please indicate the number of staff for each location separately. In addition, the locations shall be named with the postal address (where necessary, attach annexes).

Section 5: CAB information

- Contact person: a person of the CAB is to be named being the DAkkS contact partner for the specific planning, preparation and follow-up processing of the accreditation procedure.

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Section 6: Type of Conformity Assessment Body (CAB)

- Please select the CAB type in the selection box (e.g. testing laboratory, inspection body etc.), for which you want to apply accreditation for.
- **The application for various types of CAB in one form is not possible.** For each type or each accreditation process, one separate application shall be made.

Section 7: Application for

- Please mark with a cross the **type of accreditation** (e.g. initial accreditation, re-accreditation, reduction of accreditation etc.) in the respective line.
- Remark: If a change of accreditation is applied for (e.g. extension), the period of accreditation refers to the already existing accreditation case.

Section 8: Accreditation with flexible scope (only for testing, calibration and medical laboratories)

- Under certain conditions, the scope of accreditation may also be granted within fixed limits. Please read the corresponding DAkkS rules (**71 SD 0 002_e**) and contact your customer manager. If a flexible scope of accreditation is acceptable, please tick the option in the application form.

Section 9: Specifications to former accreditations

- For the legal person, please indicate here whether DAkkS accreditations had already been granted for other than the applied CAB specifying the respective case number/s. In addition, please indicate whether the CAB had already been granted accreditation by another accreditation body.
- Please specify briefly the existing notifications, approvals, appointments or other recognitions of the CAB.

Section 10: Questions with regard to the local accreditation body of the applicant

- Please indicate if in the country where headquarter of the CAB is located a local accreditation body exists.
- Please answer the questions of the form. In this way, DAkkS can check whether an accreditation is allowed.

Section 11: Application for the use of the accreditation symbol

- The use of the accreditation symbol may only be allowed upon application. Please tick the option for the intended use, when applicable specifying the further use.

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- Should you be interested in the use of combined ILAC-DAkkS-symbol for laboratories an inspection bodies or IAF-DAkkS-symbol for certification bodies please tick the corresponding box for application.
- After completion of the sublicense agreement with DAkkS the symbol is provided and can be used.
- The additional use of the combined symbols is free of charge. The ILAC and IAF rules for the use shall apply.

Section 12: Annex / Conformity assessment procedures to be accredited – scope of accreditation

- The list of the conformity assessment procedures to be accredited shall be completed according to the form no. [FO-Antrag GB Allgemein EN](#).
- Where you already have a granted accreditation, you can instead use the list mentioned in the **annex to your accreditation certificate** and mark changes/extensions in the annex.

Before signing the application, please check whether it is completely filled in and whether all relevant annexes have been attached.

PLEASE MAKE SURE, THE APPLICATION HAS BEEN SIGNED BY ONE PERSON OR, WHERE NECESSARY, BY VARIOUS AUTHORIZED PERSONS.

Thank you for your cooperation.