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| --- | --- | --- | --- | --- | --- | --- |
| CAB Ref. no. |  |  |  |  |  |  |

**EGAC Application form for Accreditation**

(All applicants shall fill part 1 & part 3 while part 2 will be filled according to each of their specific scheme ex. ISO/IEC 17025, 17020,17065,17043,17024, .......)

**Part 1. General Information:**

|  |  |  |
| --- | --- | --- |
|  | Initial accreditation | |
|  | Re-accreditation (re-assessment) | |
|  | Extension of accreditation | |
|  |  | I wish this application to be processed now (which may require an extra visit by EGAC) |
|  |  | I wish this application to be processed with my next assessment/reassessment visit. |
| ***Instructions:***   1. *Your application cannot be processed unless attached with the required document in Soft or/and Hard copies.* 2. *Applicant understand and accept that an assessment fee will normally be charged in accordance to EGAC regulation R3G.(which published in EGAC website*[*www.egac.gov.eg*](http://www.egac.gov.eg)*).* 3. *This application must be completed in full and returned to EGAC with a copy of each of the following:*  |  |  |  |  |  | | --- | --- | --- | --- | --- | | ***Information / Documentation*** | | ***Required for*** | | | | ***Initial Application*** | ***Extension Application*** | ***Renewal of Accreditation*** | |  | *Fully filled signed application form.* | ***Yes*** | ***Yes*** | ***Yes*** | |  | *CAB legal entity evidence*(please enclose proof of structure and legal status, e.g. certificate of registration, commercial register) and symbols of its logo on CD | ***Yes*** | ***Yes*** | ***Yes*** | |  | *Signed agreement (2 original copies).* | ***Yes*** | ***No*** | ***Yes*** | |  | *EGAC relevant assessment checklist report.* | ***Yes*** | ***Yes*** | ***Yes*** | |  | *Standard (international / national /in house / non standard) used by laboratory.* | ***Yes*** | ***Yes*** | ***Yes*** | |  | *The applicant’s quality system documentation and (quality manual if any).* | ***Yes*** | ***Yes*** | ***Yes*** | |  | *Copy of the relevant associated method(s).* | ***Yes*** | ***Yes*** | ***Yes*** | |  | *Information regarding active participation with a successfully result of in a proficiency testing scheme.* | ***Yes*** | ***Yes*** | ***Yes*** | |  | *A Proficiency testing plan covering all activities and a calibration plan covering the standard equipments used in the process.* | ***Yes*** | ***Yes*** | ***Yes*** | |  | *Procedure for validation/verification of methods and validation data for tests requiring accreditation.* | ***Yes*** | ***Yes*** | ***Yes*** | |  | *Detailed job description of applicant personnel seeking accreditation.* | ***Yes*** | ***Yes*** | ***Yes*** | |  | *Risk analysis for confidentiality, impartiality & technical activities.* | ***Yes*** | ***Yes*** | ***Yes*** |   ***Note:*** *Incomplete applications cannot be processed by EGAC*   1. *Additional information may be provided on additional copies of the applicable sheets where the spaces provided are insufficient.* 2. *Additional advice or information may be obtained by contacting the relevant EGAC accreditation manager as displayed on EGAC website.* 3. *Granting accreditation will be subject to the applicant entity fully complying with the accreditation criteria, EGAC accreditation requirements and EGAC regulation.* 4. *The applicant is specifically advised to read relevant EGAC information pack. before applying for accreditation.* 5. *EGAC will issue an invoice once this application form is processed. Evidence of payment will be required prior to proceeding with evaluation of application.* 6. *If the applicant does not receive an acknowledgement of receipt of this form within 1 month of dispatch, please contact EGAC relevant accreditation manager.* 7. *For initial applicant, its application remains valid for 6 months from the date of receipt of the application if there is no response or no ongoing response duringthe accreditation process from this applicant.* 8. *Applications for renewal of accreditation (re-assessment) should submitted to EGAC at least six (6) months prior to the expiry of accreditation certificate.* | | |

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| **Information about CAB:** | | | | | | | | | | | | |
| CAB Name | In English |  | | | | | | | | | | |
| عربي  (For Arabian countries) |  | | | | | | | | | | |
| Organization Name | In English |  | | | | | | | | | | |
| عربي  (For Arabian countries) |  | | | | | | | | | | |
| CABAddress | In English | Building |  | | Street | | | | |  | | |
| Apartment |  | | | City/Area | | | |  | | |
| District |  | | | | Governorate/State | | | |  | |
| Country |  | | | | | | | | | |
| عربي  (For Arabian countries) |  | | | | | | | شارع | |  | مبنى |
|  | | | | | | | مدينة / منطقة | |  | شقة |
|  | | محافظة / ولاية | | | |  | | | | حي / مجاورة |
|  | | | | | | | | | | دولة |
| CAB  Contacts | Phone/s | <(key) Phone #> | | | | | | | | | | |
| Fax/s | <(key) Fax #> | | | | | | | | | | |
| E-Mail/s |  | | | | | | | | | | |
| Web Site/s |  | | | | | | | | | | |
| PO box / Zip Code |  | | | | | | | | | | |
| Contact person | Title |  | | | | | | | | | | |
| Position |  | | | | | | | | | | |
| Name |  | | | | | | | | | | |
| Phone/s | <(key) Phone #> | | | | | | | | | | |
| E-Mail/s |  | | | | | | | | | | |
| Fax/s | <(key) Fax #> | | | | | | | | | | |
| Mobile | <(key) Phone #> | | | | | | | | | | |
| Alternate Contact  Person | Title |  | | | | | | | | | | |
| Position |  | | | | | | | | | | |
| Name |  | | | | | | | | | | |
| Phone/s | <(key) Phone #> | | | | | | | | | | |
| E-Mail/s |  | | | | | | | | | | |
| Fax/s | <(key) Fax #> | | | | | | | | | | |
| Mobile | <(key) Phone #> | | | | | | | | | | |
| Address where invoice to be sent  (if different from CAB address) | Fax/s | <(key) Fax #> | | | | | | | | | | |
| PO box / Zip Code |  | | | | | | | | | | |
| E-Mail |  | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Information about ownership (Legal status of your organization):** please tick the appropriate box | | | | | | | |
|  | Owned by an individual | | |  | Part of an academic institution | | |
|  | Owned by a private company/ partnership | | |  | Part of learned / technical institution | | |
|  | Owned by a public body / nationalized industry | | |  | Owned by public limited company | | |
|  | National / governmental organization | | |  | Other (Please describe): | | |
| Ownership / Parent Organization(if different from CAB Organization) | | Name |  | | | | |
| Address |  | | | | |
| City |  | | | Country |  |
| E-Mail |  | | | Website |  |
| Phone |  | | | Fax |  |
| PO box / Zip Code |  | | | | |

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| **Description of the main activities of the organization seeking accreditation:** | |
| Total no. of employees |  |
| Number of employees involved in area(s) seeking accreditation |  |
| (\*) Attach an organization chart indicating the structure of the areas to be accredited and their relation to the rest of the organization. | |

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| **Indicate exactly how the name of your CAB appears on the accreditation certificate:** | |
| In English |  |
| In Arabic |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Determine the field of the organization seeking accreditation:** | | | | | | |
|  | Testing Laboratory  ISO/IEC 17025 (Fill section 2.1) |  | | Calibration Laboratory  ISO/IEC 17025 (Fill section 2.2) |  | Medical Laboratory  ISO 15189 (Fill section 2.3) |
|  | Inspection Body  ISO/IEC 17020 (Fill section 2.4) |  | | MS Certification Body  ISO/IEC 17021-1:2015 (Fill section 2.5) |  | Proficiency Testing Provider  ISO/IEC 17043 (Fill section 2.6) |
|  | Product Certification Body  ISO/IEC 17065 (Fill section 2.7) |  | | Person Certification Body  ISO/IEC 17024 (Fill section 2.8) |  | Forensic Service Provider  ISO/IEC 17025 and/or ISO/IEC 17020 (Fill section 2.9) |
|  | Halal Certification Body Halal scheme (Fill section 2.10) |  | Biotechnology - Biobank organization  ISO 20387 (Fill section 2.11) | | | |

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| --- | --- | --- | --- | --- |
| **Internal Audit and Management Review** | | | | |
| Last internal audit report | |  | | |
| Last management review report | |  | | |
| **Information on Senior Staff** | | | | |
| **Name and position (Director level) of person authorizing this application** | | | | |
| Name |  | | | |
| Position |  | | Title |  |

|  |  |
| --- | --- |
| **Technical/Scheme Manager** | |
| Name |  |
| Technical Qualifications |  |
| Relevant Experience |  |
| Position within the organization |  |

|  |  |
| --- | --- |
| **Quality Manager:** | |
| Name |  |
| Qualifications |  |
| Relevant Experience |  |
| Position within the organization |  |

|  |  |  |
| --- | --- | --- |
| **local regulation:** | | |
| Please mention the current regulation / law that related to your organization activities according to the following table: | | |
| **Name of the regulation / law** | **Issue date** | **Item(s) related to the applied scope of accreditation** |
|  |  |  |
|  |  |  |

(\*) Please submit a copy of that regulation / decree / law.

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Accreditation / Certifications**: (including EGAC accreditation) | | | |
| **Name & address of Accreditation / certification body** | **Scope of accreditation / certification** | **Period of accreditation/certification** | |
| **Start date** | **Expiry date** |
|  |  |  |  |
|  |  |  |  |

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| --- | --- | --- |
| **Applicant outside Egypt:** | | |
| Applicants from outside Egypt will be processed according to ILAC-G21(Cross-Frontier Accreditation Principles for Cooperation), IAF MD12 (Accreditation Assessment of Conformity Assessment Bodies with Activities in Multiple Countries) & EA-2/13 M (EA Cross Border Accreditation Policy and Procedure for Cross Border Cooperation between EA Members).  Applicant shall provide EGAC with all the local laws and legislations related to its scope of accreditation. | | |
| Is there a local accreditation body? | Yes | No |
| Is the local accreditation body a signatory to the arrangement of ILAC, IAF or EA? | Yes | No |
| Does the local accreditation body offer the required scope? | Yes | No |
| Do you permit: |  |  |
| That EGAC informs the local accreditation body about your application and the development of the accreditation process? | Yes | No |
| That the local accreditation body may send an observer to join the assessment? | Yes | No |
| That the local accreditation body may send (an) assessor/s (joint assessment for a dual accreditation)? | Yes | No |
| Considering the questions above, what are the reasons for choosing EGAC instead of the local accreditation body? | | |
|  | | |

**Part 2.Filled individually for each scheme applicant:**

**Section 2.1: For Testing Laboratory Applicant:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Field for which accreditation is sought: (Please tick the appropriate boxes)** | | | |
|  | Chemical Analysis |  | Microbiology, Hydrobiology & Toxicity |
|  | Civil Engineering and Materials Testing |  | Electrical & Electronics |
|  | Environmental including Ambient Air Monitoring |  | Heat & Temperature |
|  | Mechanical |  | Non-destructive |
|  | Optics and Radiometry |  | Veterinary |
|  | Pharmaceutical |  | Sampling activities (for separate accreditation in sampling) |
| \* Others: Please, write the field/s: …………....................................................................................................................................................... | | | |

|  |  |  |
| --- | --- | --- |
| **Scope of testing for which accreditation is sought:** | | |
| **Materials/Product Tested** | **Types of test/properties Measured**  **Range of Measurement** | **Standard Specifications/Techniques used** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **List the *major*  items of equipment currently used for the types of test:** | |
| **Description of equipment**  **(Include Manufacturer, Model& Serial number/Code number)** | **Range/ Capacity of equipment**  **and other relevant information** |
|  |  |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please indicate the type of calibration for the testing lab equipment:** | | | |
|  | External Calibration |  | Internal Calibration |
| \* In case of internal calibration for equipment used, please fill in the following two tables for the scope of the internal calibration: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please indicate the type of calibration sites** | | | |
|  | Customers premises |  | Mobil facilities |
|  | The locations of temporary sites |  | Collection sites (premises that only collect sample) |
|  | Other ................................................................. | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Measured Quantity | Range | Uncertainity Described in Calibration & Measurement Capability\* | Brief Description of Measurement and Equipment Used | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Section 2.2: For Calibration Laboratory Applicant:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field for which accreditation is sought:**(Please tick the appropriate boxes) | | | | | | | |
|  | Accelerometer |  | Acoustics |  | Chemical |  | Density |
|  | Dimensional |  | Electrical |  | Fiber Optics |  | Flow |
|  | Force |  | Hardness |  | Humidity |  | Mass |
|  | Optical |  | Pressure |  | Radiological |  | Temperature |
|  | Torque |  | Ultrasonic |  | Viscosity |  | Volume |
|  | Other (please describe) : ………………………………………………………………… | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Scope of calibration for which accreditation is sought:** | | |
| **Measured Quantity** | **Range** | **Calibration & Measurement**  **Capability\* (±)** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **List the *major*  items of equipment currently used for the types of calibration:** | |
| **Description of equipment**  **(Include Manufacturer, Model & Serial number / Code number)** | **Range / Capacity of equipment**  **and other relevant information** |
|  |  |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please indicate the type of calibration for the calibration lab equipment:** | | | |
|  | External Calibration |  | Internal Calibration |
| \* In case of internal calibration for equipment used, please fill in the following two tables for the scope of the internal calibration: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please indicate the type of calibration sites** | | | |
|  | Customers premises |  | Mobil facilities |
|  | The locations of temporary sites |  | Collection sites (premises that only collect sample) |
|  | Other ................................................................. | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Measured Quantity | Range | Uncertainity Described in Calibration & Measurement Capability\* | Brief Description ofMeasurement and Equipment Used | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Section 2.3: For Medical Laboratory Applicant:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Field for which accreditation is sought:** (Please tick the appropriate boxes) | | | |
|  | Chemical pathology/Clinical Biochemistry |  | Clinical Pathology |
|  | Hematology and Immunohematology |  | Microbiology and serology |
|  | Immunology |  | Clinical Cytogenetics and Molecular Biology |
|  | Anatomic pathology |  | Blood Baking and Transfusion medicine |
| \* For others: Please, write the field: .............................................................................................. | | | |

|  |  |  |
| --- | --- | --- |
| **Details of primary sample collection facilities:**  Please mention clearly with full addresses the primary sample collection facilities. | | |
| **S** | **Primary sample collection facility** | **Address** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Laboratory Branches: Does the Laboratory have branches?** | | | |
|  | Yes |  | No |

|  |  |
| --- | --- |
| **Please mention clearly with full addresses the laboratory branches within the accreditation scope.** | |
| **Branch** | **Address** |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Do the laboratory branches have separate management systems?** | |
|  | **Yes** (branches should apply for accreditation with separate applications) |
|  | **No** (Please specify the scope of each branch in the following tables) |

|  |  |  |  |
| --- | --- | --- | --- |
| **List of medical scopes and major items of equipment currently used:** | | | |
| **Sample Type** | **Discipline / Types of Tests** | **Standard Specifications / Techniques Used / Equipment** | |
|  | **(Department)** | | |
| (Name of test) | (Method name and Reference) | (Equipment name and SN) |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please indicate the type of calibration for the medical lab equipment:** | | | |
|  | External Calibration |  | Internal Calibration |
| \* In case of internal calibration for equipment used, please fill in the following two tables for the scope of the internal calibration: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please indicate the type of calibration sites** | | | |
|  | Customers premises |  | Mobil facilities |
|  | The locations of temporary sites |  | Collection sites (premises that only collect sample) |
|  | Other ................................................................. | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Measured Quantity | Range | Uncertainity Described in Calibration & Measurement Capability\* | Brief Description ofMeasurement and Equipment Used | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Section 2.4: For Inspection Body Applicant:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field for which accreditation is sought:**(Please tick the appropriate boxes) | | | | | | | |
|  | Glass and ceramics industries |  | Health care technology |  | Natural sciences |  | Services |
|  | Mechanical systems& components |  | Metrology and measurement |  | Environment. Safety |  | Testing |
|  | Fluid systems& components |  | Manufacturing Engineering |  | Energy and heat transfer |  | Electrical Engineering |
|  | Generalities, Standardization, Documentation |  | Domestic and commercial equipment. Entertainment. Sports |  | Information technology. Office machines |  | Image technology |
|  | Construction materials and building |  | Road vehicles engineering |  | Railway Engineering |  | Paper technology |
|  | Material handling equipment |  | Packaging and distribution of goods |  | Textile and leather technology |  | Clothing industry |
|  | Agriculture |  | Food Technology |  | Chemical technology |  | Metallurgy |
|  | Petroleum and related technologies |  | Telecommunications. Audio and video |  | Wood technology |  | Electronics |
|  | Rubber and plastic industries |  | Shipbuilding& marine structure |  | Paint and color industries |  | Jewellery |
|  | Civil engineering |  | Mining and minerals |  | Other (please describe):………………………....... | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Scope of inspection for which accreditation is sought:** | | | | | |
| Type of Inspection What do you consider to be the type of your Inspection Body, as defined in ISO/IEC 17020?  Type A, Type B and/or Type C | Inspection Category | Inspection Field(and Sub-fields) such as :product design, products (specified as materials or equipment) Installations, plant, premises, processes, services and surveys | Type and Range of Inspection  e.g. In-service inspection or inspection of new products | Stage of Inspection | Methods / Standards / Specifications / Techniques  such as:EC directives, regulations, standards, specifications, internal procedures |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **For whom does the inspection body undertake inspection?** | | | | | |
|  | Own organization |  | Parent organization |  | Other organization |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you perform inspection outside Egypt?** | | | | |
|  | No | |  | Yes |
| If yes state the countries in which inspections performed | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please indicate the type of calibration for the inspection body equipment:** | | | |
|  | External Calibration |  | Internal Calibration |
| \* In case of internal calibration for equipment used, please fill in the following two table for the scope of the internal calibration: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please indicate the type of calibration sites** | | | |
|  | Customers premises |  | Mobil facilities |
|  | The locations of temporary sites |  | Collection sites (premises that only collect sample) |
|  | Other ................................................................. | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Measured Quantity | Range | Uncertainity Described in Calibration & Measurement Capability\* | Brief Description of Measurement and Equipment Used | |
|  |  |  |  |  |
|  |  |  |  |  |

**Section 2.5: For Management Systems Certification Body Applicant:**

| **Identify the management system certification scheme(s) for which accreditation is sought:** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Certification area** | **Scope** | | | | | **Geographical Areas**  (countries) |
| QMS- ISO 9001  supplementary accreditation standard for this certification area is ISO/IEC 17021-3 | IAF Codes according toIAF MD 17 | | | | |  |
|  | | | | |
| EMS- ISO 14001  supplementary accreditation standard for this certification area is ISO/IEC 17021-2 |  | | | | |  |
| OH SMS - ISO 45001  supplementary accreditation standard for this certification area is ISO/IEC TS 17021-10&IAF MD 22 |  | | | | |  |
| FSMS - ISO 22000  supplementary accreditation standard for this certification area is ISO/TS 22003 | FSMS subcategory according to Table A.1 — Food chain categories OF ISO/TS 22003 | | | | |  |
|  | | | | |
| FSSC 22000  supplementary accreditation standard for this certification area is ISO/TS 22003 | FSSC subcategory According to FSSC 22000 scheme V. 5 | | | | Normative documents |  |
|  | | | |  |
| EnMS - ISO 50001  supplementary accreditation standard for this certification area is ISO 50003 | EnMS Technical areas according to ISO 50003 | | | | |  |
| Technical Area | Description of technical areas for EnMS | | | |
|  |  | | | |
| MDQMS - ISO 13485 supplementary accreditation standard for this certification area is IAF MD 9 | Scope According to IAF MD 9 | | | | |  |
| Main Technical Areas | | Technical Areas | Product Categories Covered by the Technical Areas | |
|  | |  |  | |
| ISMS – ISO/IEC 27001  supplementary accreditation standard for this certification area is ISO/IEC 27006 |  | | | | |  |
| Educational organizations –MS ISO 21001 |  | | | | |  |
| Supply chain security Management Systems according to ISO 28001  supplementary accreditation standard for this certification area is ISO 28003 |  | | | | |  |
| Electronic document management Design and operation of an information system for the preservation of electronic documents -ISO 14641 |  | | | | |  |
| Graphic technology - Management of security printing processes - ISO 14298 |  | | | | |  |
| Security and resilience - Authenticity, integrity and trust for products and documents - Guidelines for the content, security, issuance and examination of excise tax stamps - ISO 22382 |  | | | | |  |
| Information and documentation — Records management - ISO 15489 |  | | | | |  |
| ISO 55001:2014  Asset management - Management systems - Requirements |  | | | | |  |
| ISO 22301:2019  Security and resilience — Business continuity management systems — Requirements |  | | | | |  |
| ISO 41001:2018(en)  Facility management |  | | | | |  |
| Other state: ……… |  | | | | |  |

**Section 2.6: For Proficiency Testing Provider Applicant:**

|  |
| --- |
| **Handling of Main Activities:**  Mention in the following table all information regarding activities done, done by whom, Where they are done and contact details, providing that your organization (PTP) undertakes the full responsibility: |

| **Activity / Services** | **Done by** | | **Collaborator/ Sub- contractor**  **Location/ Contact details** | **Accreditation/ Certification held including EGAC accreditation** |
| --- | --- | --- | --- | --- |
| **PTP** | **Collaborator / Sub-contractor** |
| Select appropriate proficiency testing items |  |  |  |  |
| Plan the PT scheme |  |  |  |  |
| Perform sampling |  |  |  |  |
| Conduct measurements to determine stability and homogeneity |  |  |  |  |
| Determine assigned values and associated uncertainties of the measurands |  |  |  |  |
| Prepare, handle, packaging, labeling and distribution of proficiency test items |  |  |  |  |
| Provide instructions for participants |  |  |  |  |
| Operate the data processing system |  |  |  |  |
| Develop statistical design |  |  |  |  |
| Conduct statistical analysis |  |  |  |  |
| Evaluate the performance of proficiency testing scheme participants |  |  |  |  |
| Give opinions and interpretations |  |  |  |  |
| Authorize the issue of proficiency testing report |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Collaborators / Subcontractors Information:** | | |
| Please complete this table for all collaborator/subcontractors with which the proficiency testing provider has formal arrangements for the production, testing, measurement, sampling, storage, and distribution of the PT materials/samples or measurement artifacts, and for data processing. | | |
| **Subcontractor / Collaborator Name and address** | **Accreditation held(if applicable)** | **Activities/services rendered** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Scope of proficiency testing for which accreditation is sought:** | | | |
| **Sample/ Artifact Sample** | **Tests/ Properties measured** | **Scheme Title/ Type** | **Frequency** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 2.7: For Product Certification Body Applicant:**

|  |
| --- |
| Conformity evaluation in the field (product, process and/or service groups): |
|  |
|  |
|  |

|  |
| --- |
| The certification schemes, standards or normative documents: |
|  |
|  |
|  |

|  |  |
| --- | --- |
| Scope of product, process and/or service groups for which accreditation is sought(conformity assessment procedures to be accredited): | |
| Product (s) / Product Group (s) | Certification Standard / Scheme |
|  |  |
|  |  |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **General information** | | | | | |
| Is the certification body already accredited by another accreditation body (including abroad)? | |  | Yes |  | No |
| Has an application for accreditation been made to another accreditation body? | |  | Yes |  | No |
| If the answer is yes fill the following: | | | | | |
| Name of the accreditation body | |  | | | | |
| Date of application | |  | | | | |
| **Fields of conformity evaluation which are accredited or for which accreditation has been applied:** | | | | | | |
|  | | | | | | |
|  | | | | | | |
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| --- |
| Approvals and other recognitions of the certification body: |
|  |
|  |

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| --- | --- | --- | --- | --- |
| Documented structure to safeguard impartiality |  | Yes |  | No |
| Who are the stakeholders represented in this structure (committee)? | | | | |
|  | | | | |
|  | | | | |

|  |  |  |
| --- | --- | --- |
| **Staff of the certification body** | | |
| **Number of** | **Staff** | **Other staff(part-time workers)** |
| Persons with university education |  |  |
| Personswith technical school education |  |  |
| Persons trained in quality management |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Certification procedures** | | | | | | |
| What are the rules and procedures of certification for the fields of conformity listed in the application? | | | | | | |
|  | | | | | | |
| Are the proposed certification systems for accreditation described by own procedure and administration rules? | | | | | | |
|  | | | | | | |
| Does the certification body have special departments, groups or technical committees responsible for determined fields of certification? | | |  | Yes |  | No |
| Information on the special field (name, address): | | | | | | |
|  | | | | | | |
| Does the certification body itself carry out tests of products, processes and services in the fields of certification applied for? | | |  | Yes |  | No |
| Is there an accreditation of the testing laboratories of the certification body? | | |  | Yes |  | No |
| By which accreditation bodies? | | | | | | |
|  | | | | | | |
| Fields of testing: | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| Does the certification body itself carry out the surveillance of products, processes and services in the fields of certification applied for? | | |  | Yes |  | No |
| Who are the subcontractors for surveillance visits? | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| Which testing laboratories work for the certification body? | | | | | | |
| Name / Identification | Test fields | Accredited by | | | | |
|  |  |  | | | | |
|  |  |  | | | | |
|  |  |  | | | | |
| In the case of non-accredited subcontractors, in which way does the certification body make sure that it complies with the requirements of the concerning international documents (e.g. ISO/IEC 17025)? | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Quality system** | | | | | |
| Does the certification body have a quality manual? | |  | Yes |  | No |
| Has a quality manager been appointed | |  | Yes |  | No |
| If yes, name |  | | | | |
| To ensure the compliance with the criteria of the standardISO/IEC 17065, are there Internal audits and repetitive checks? | |  | Yes |  | No |
| Where are they documented? | | | | | |
|  | | | | | |
|  | | | | | |
| Which arrangements are made to ensure confidentiality? | | | | | |
|  | | | | | |
|  | | | | | |
| Is there a procedure for handling of complaints against decisions of the certification body? | |  | Yes |  | No |

**Section 2.8: For Person Certification Body Applicant:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Does the applying organization/ certification body operate additional locations / test centers:** | | | |  | Yes | |  | No |
| **Locations of the applicant organization/ certification body:** | | | | | | | | |
| Address |  | PO box / Code: |  | City | |  | | |
| Address |  | PO box / Code: |  | City | |  | | |
| Address |  | PO box / Code: |  | City | |  | | |
| Address |  | PO box / Code: |  | City | |  | | |

\* Org. chart/s: Please attach the organizational structure of the certification body and, where relevant, the structure within an organization.

|  |
| --- |
| **Identify the certification scheme for persons for which accreditation is sought:** |
|  |
|  |
|  |

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| --- | --- | --- | --- | --- | --- | --- |
| **General information** | | | | | | |
| Is the certification body already accredited by another accreditation body (including abroad)? | | |  | Yes |  | No |
| Has an application for accreditation been submitted to another accreditation body? | | |  | Yes |  | No |
| Name of the accreditation body |  | | | | | |
| Date of application |  | | | | | |
| Fields of conformity evaluation which are accredited or for which accreditation has been applied for: | | | | | | |
|  | | | | | | |
|  | | | | | | |
| Approvals and other recognitions of the certification body : | | | | | | |
|  | | | | | | |
|  | | | | | | |
| Has EGAC already sent a quotation to the certification body? | | |  | Yes |  | No |
| If yes, indicate the reference number (if available) | |  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Documented structure to safeguard impartiality** |  | Yes |  | No |
| Please provide details of the membership of the governing board / impartiality committee and the interests they represent: | | | | |
|  | | | | |
|  | | | | |

|  |  |  |
| --- | --- | --- |
| **Staff of the applying organization /certification body** | | |
| **Number of:** | **Staff** | **Other staff(part-time employees)** |
| Persons with university education |  |  |
| Persons with technical school education |  |  |
| Persons trained in quality management |  |  |

|  |
| --- |
| **Certification Scheme** |
| Accepted personal certification scheme including quality procedures for verification and certification, quality manual: |
|  |
|  |
|  |
| Owner / authors of the personal certification scheme (if different form applicant organization/ certification body): |
|  |
|  |
|  |

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| --- |
| Interested parties represented in the scheme (scheme committee): |
|  |
|  |
|  |
| Is the scheme nationally / internationally accepted within the industry? |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Quality system | | | | | | | | | | | | |
| Do the applicant organization / the certification body complywith any standard for quality system? | | |  | | | | Yes | | |  | | No |
| If yes, which one |  | | | | | | | | | | | |
| Has a quality manager been appointed | | |  | | | | Yes | | |  | | No |
| If yes, name |  | | | | | | | | | | | |
| Is there a documented system for internal quality audits to ensurethe compliance with ISO 17024? | | |  | | | | Yes | | |  | | No |
| Reference document |  | | | | | | | | | | | |
| Are there documented procedures to ensure confidentiality? | | | |  | | | | Yes | | |  | No |
| Reference document |  | | | | | | | | | | | |
| Are there procedures regarding the misuse of certificates? | | | | |  | | | | Yes | |  | No |
| Reference document |  | | | | | | | | | | | |
| Is a description of the certification system available in published form? | | | | | |  | | | Yes | |  | No |
| Reference document | |  | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Scope of application** | | | | |
| **S** | **Certification Scheme for Persons** | **Sector** | | **Method & Level** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Section2.9: For Forensic Service Provider Applicant:**

|  |  |  |  |
| --- | --- | --- | --- |
| **The forensic services applies for accreditation in accordance with:** | | | |
|  | ISO/IEC 17025 |  | ISO/IEC 17020 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Field for which accreditation is sought:**(Please tick the appropriate boxes) | | | | | |
|  | Handwriting and Document Examination |  | Vehicles and Vehicle Accident Investigation |  | Firearms and ballistics |
|  | Audio and Video /Computer Analysis |  | Controlled/non-controlled Substances |  | Forensic Medicine |
|  | Marks and Impressions |  | Hairs, Blood, Body Fluids and Tissues |  | Toxicology |
| Others\*: …………………………………………………… | | | | | |
| \* For others: Please, write the field (major disciplines) | | | | | |

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| --- | --- | --- |
| **Sampling that you carry out of sites**  Please indicate separately any Tests or Sampling that you carry out of sites, or in temporary or mobile facilities and complete all columns of the form below for such work. Your quality system and procedures must clearly indicate how you ensure that such work carried out away from your permanent premises meets the requirements of the standard. | | |
| **Type of test / sample** | **Temporary / Mobile** | **Organization** |
|  |  |  |
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| --- | --- | --- | --- | --- | --- |
| **List of forensic tests and method of measurement currently used:** | | | | | |
| Forensic service provider laboratory according to ISO/IEC 17025 | | | | | |
| **Discipline** | |  | | | |
| **Physical Location** | **Materials / Sample Type** | | **Method of Measurement** | **Standard Specifications / Techniques used** | **Description of Equipment**  (include Manufacturer, Model & Serial number/ Code number) |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Forensic laboratory branches** | | | | | | | | |
| Does the Forensic Laboratory have branches? | | | | | | | | |
|  | | | **Yes** | | |  | **No** | |
| If yes: | | | | | | | | |
| Do the forensic laboratory braches have separate management systems? | | | | | | | | |
|  | | Yes (branches should apply for accreditation with separate applications) | | | | | | |
|  | | No (Please specify the scope of each branch in the following tables) | | | | | | |
| Please mention clearly with full addresses the forensic laboratory branches within the accreditation scope: | | | | | | | | |
| S | **Branch Name** | | | **Branch Address** | **Branch Contact name** | | | **Contact information(Phone/mail)** |
|  |  | | |  |  | | |  |
|  |  | | |  |  | | |  |
|  |  | | |  |  | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Forensic service provider laboratory according to ISO/IEC 17020 | | | | | |
| **Major discipline** | |  | | | |
| **Physical Location** | **Field Testing**  **Categories / Subcategories** | **Component / Parameter or Characteristic Inspected** | **Inspection Method** | **Items Inspected** | **Key Equipment (SN)**  **or Technology** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| For whom does the inspection body undertake inspection? | | | | | | | |
|  | Own organization |  | Parent organization | |  | Other organization | |
| What do you consider to be the type of your inspection body, as defined in ISO/IEC 17020? | | | | | | | |
|  | Type A |  | | Type B |  | | Type C |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please indicate the type of calibration for the forensic lab equipment:** | | | |
|  | External Calibration |  | Internal Calibration |
| \* In case of internal calibration for equipment used, please fill in the following two table for the scope of the internal calibration: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please indicate the type of calibration sites** | | | |
|  | Customers premises |  | Mobil facilities |
|  | The locations of temporary sites |  | Collection sites (premises that only collect sample) |
|  | Other ................................................................. | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Measured Quantity | Range | Uncertainity Described in Calibration & Measurement Capability\* | Brief Description of Measurement and Equipment Used | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Section 2.10: For Halal Certification Body Applicant:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does CB has any other critical location(s) other than the main/ head office or branches where \*key activities takes place then please specify the names of cities & countries where critical locations or branches are situated. | | | |  | **Yes** |  | **No** |
| **NO.** | **Location Type (such as Regional office, Branch, outsourced Location etc)** | **City & Country** | **\*Key Activities carried out at this location** | | | | |
|  |  |  |  | | | | |
|  |  |  |  | | | | |
|  |  |  |  | | | | |
| **Note**:\*Key activities include:  Policy formulation, process and/or procedure development, proceedings of safeguarding impartiality committee/scheme committee, application & contract review,(approval of, selection of, handling of contractual agreements with&monitoring ofauditors/examiners/inspectors), (planning ofand review/approval & decision on the results of audits/examinations/inspections) and preparation, release & control of certificates, Final decision on appeals and complaints. | | | | | | | |
| \* Please attach the organizational structure that shows these locations. | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please list down the type, name(s) & location(s) of establishments under supervision of the organization (i.e. slaughterhouses, manufacturers, service providers,…etc.) which come under the scope of Halal certification:** | | | |
| No. | Type of Establishment \* | Name of Establishments | Location/Address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| \* Type of establishment: for example, slaughterhouse, manufacturer, restaurant or other service providers,etc | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **List the names of the authorized persons for signing the Halal certificates:** | | | |
| No. | Name of the authorized persons for signing the halal certificates | Signature | Contact Details |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Insert stamp & logo used on halal certificates** | |
| Stamp | Logo |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Islamic Affairs Expert** | | | |
| Name |  | | |
| Mobile No. |  | E-mail |  |
| Technical Qualifications |  | | |
| Relevant Experience |  | | |
| Position within the organization |  | | |

|  |  |
| --- | --- |
| **Scope of accreditation & Geographical scope:** | |
| Please indicate the standard against which you are applying for EGAC Accreditation of Halal product/service categories | |
|  | UAE.S 2055-2 |
|  | OIC/SMIIC 2:2019 |
|  | Other (Please state): ………………………………………………………………………………..................................................... |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Identify the Halal product/service categories for which accreditation is sought:** | | | | |
| **Halal product/service categories according to Table A.1 of UAE.S 2055-2:2016.** | | **Halal product/service/process and/or management system categories Table A.1 of OIC/SMIIC 2: 2019** | | **Geographical Areas** |
| **Code** | **Categories** | **Category** | **Subcategory** |
| **A** | **Farming 1 (Animals)**  Examples: Animals; fish; egg production; milk production; beekeeping; fishing; hunting; trapping | **A**  Farming of animals. | **A1:** Farming of Animals for Meat/Milk/ Eggs/Honey |  |
| **A2:** Farming of Fish and Seafood |
| **B** | **Farming 2 (Plants)**  Example: Fruits; vegetables; grain; spices; horticultural products | **B**  Farming of Plants. | **B1:**Farming of Plants (other than grains and pulses) |  |
| **B2:**Farming of Grains and Pulses |
| **C** | **Processing 1 (Perishable animal products)including all activities after farming, e.g. slaughtering**  Examples: Meat, poultry, eggs, dairy and fish products | **C**  Food manufacturing. | **C1:** Halal slaughtering &Processing of perishableanimal products |  |
| **C2:** Processing of perishable plant products |
| **C3:** Processing of perishable animal and plant products(mixed products) |
| **C4:** Processing of ambient stable products |
| **D** | **Processing 2 (Perishable vegetal products)**  Examples: Fresh fruits and fresh juices; preserved fruits; fresh vegetables; preserved vegetables | **D**  Animal Feed production. | **D1:** Production of Feed |  |
| **D2:** Production of Pet Food |
| **E** | **Processing 3 (Products with long shelf life at ambient temperature)**  Examples: Canned products; biscuits; snacks; oil; drinking water; beverages; pasta; flour; sugar; salt | **E**  Catering. | |  |
| **F** | **Feed production**  Examples: Animal feed; fish feed | **F**  Distribution. | **F1:** Retail / Wholesale |  |
| **F2:** Food Broking / Trading |
| **G** | **Catering**  Examples: Hotels; restaurants | **G**  Provision of transport and storage services. | **G1:** Provision of Transport and Storage Services for Perishable Food and Feed |  |
| **G2:** Provision of Transport and Storage Services for Ambient Stable Food and Feed |
| **H** | **Distribution**  Examples: Retail outlets; shops; wholesalers | **H**  Services. | **H1:** Provision of services related to the safe production of food, including water supply, pest control, cleaning services, waste disposal. |  |
| **H2:** Financial services |
| **H3:** Muslim friendly tourismand travel related services |
| **I** | **Services**  Examples: Water supply; cleaning; sewage; waste disposal; development of product, process and equipment; veterinary services | **I**  Production of food packaging and packaging material. | |  |
| **J** | **Transport and storage**  Examples: Transport and storage | **J**  Equipment manufacturing. | |  |
| **K** | **Equipment manufacturing**  Examples: Process equipment; vending machines | **K**  Production (Bio) chemical. | |  |
| **L** | **(Bio)chemical manufacturing**  Examples: Additives; vitamins; pesticides; drugs; fertilizers; cleaning agents; biocultures | **L**  Other materials  manufacturing | **L1:** Cosmetics |  |
| **L2:** Textile and textile products |
| **L3:** Leather and leather products |
| **L4:** NEC (Not elsewhere classified) |
| **M** | **Packaging material manufacturing**  Example: Packaging material |  |

**Section 2.11: For Biotechnology - Biobank Organization Applicant:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Define the Category of the biobank is sought to be accredited: (Please tick the appropriate boxes)** | | | |
|  | **Multicellular Organisms:** |  | **Microorganisms:** |
|  | Human |  | Bacteria |
|  | Veterinary |  | Nails: ............................................................................................... |
|  | Fungus |  | Bacteria: ......................................................................................... |
|  | Plant Material |  | Others (Please Identify): ............................................................. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Define the Source of biological material that will be under accreditation is sought:**  **(Please tick the appropriate boxes)** | | | |
|  | Biofluids: ...................................................................................... |  | Blood spot: ..................................................................................... |
|  | Cells: ............................................................................................. |  | Hair: ................................................................................................ |
|  | Biological Molecule: .................................................................. |  | Nails: ............................................................................................... |
|  | Tissue: .......................................................................................... |  | Bacteria: ......................................................................................... |
|  | Blood: ........................................................................................... |  | Viruses:........................................................................................... |
|  | Extracts: ....................................................................................... |  | Whole material:............................................................................. |
|  | Whole Plant Material: ................................................................ |  | Mycelium: ..................................................................................... |
|  | Organic Solvent Extracts:........................................................... |  | Spores: ........................................................................................... |
|  | Aqueous Extracts: ................................................. |  | Others (Please Identify) |
| Note : All of the Activities for Biobanking Shall be Assessed and Accredited When The Biobank sought to be accredited | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Activities of the biobank are sought to be accredited: (Please tick the appropriate boxes)** | | | |
|  | Procuring |  | Preparation |
|  | Acquisition |  | Processing |
|  | Collection |  | Examination |
|  | Receiving |  | Authentication |
|  | Tagging |  | Preservation |
|  | Accessioning/logging |  | Packaging |
|  | Cataloguing/classifying |  | Managing Data |
|  | Storage |  | Distribution and Transport |
|  | Others (Please Identify) |  |  |
| \* Note : All of the Activities for Biobanking Shall be Assessed and Accredited When The Biobank sought to be accredited | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Scope of testing for which accreditation is sought:** | | | | |
| **Category** | **Subcategory**  **(Biological Material Source)** | **Activities** | **Storage Conditions** | **Specification, Standard, Method, Technique** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **List of equipment currently used for Activities of the biobank:** | |
| **Description of equipment**  **(Include Manufacturer, Model& Serial number/Code number)** | **Methodology**  **and other relevant information** |
|  |  |
|  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List the names of the authorized staff supporting or performing bio banking activities:** | | | | |
| **No.** | **Name of the authorized Staff for biobank** | **Signature** | **Contact Details** | **Activities** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Does the organization maintain multiple sites performing bio banking activities:**  Yes  No  If yes, please describe below with full addresses sites performing bio banking activities | | | | |
| **S** | **Sites Performing Bio banking Activities** | **Address** | **Equipment** | **Activities** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Specific governmental regulation requirements related to the biobank application:** | | | |
|  |  |  |  |
|  |  |  |  |
| * Attach The Regulation | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please indicate the type of calibration for the testing lab equipment:** | | | |
|  | External Calibration |  | Internal Calibration |
| \* In case of internal calibration for equipment used, please fill in the following two tables for the scope of the internal calibration: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please indicate the type of calibration sites** | | | |
|  | Customers premises |  | Mobil facilities |
|  | The locations of temporary sites |  | Collection sites (premises that only collect sample) |
|  | Other: ................................................................. | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Measured Quantity | Range | Uncertainity Described in Calibration & Measurement Capability\* | Brief Description of Measurement and Equipment Used | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Part 3. Declaration by the applicant**

|  |
| --- |
| **Declaration:** |
| * I declare that I am authorized, on behalf of the organization, to submit this application, and that the information contained herein is both correct and accurate to the best of my knowledge and belief. |
| * Upon accreditation the organization agrees to comply with EGAC requirements. |
| * I enclose a copy of the quality manual (if any), EGAC relevant Assessment Checklist Report ,relevant procedures, the application fees, and any needed documentation |
| * I understand the manner by which the accreditation system operates and functions. |
| * I agree to cooperate with the visit assessment team appointed by EGAC for examination of all relevant documents by them and their visits to those parts of the CAB which are part of the scope of the accreditation. |
| * I agree to comply with the accreditation procedures, pay all the costs for pre-assessment (if any), initial assessment, sequential assessment and re-assessment. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **Name** | **Date** | **Sign**e |
| **Applicant Representative**  ............................................................ |  |  |  |
| **EGAC Relative Accreditation Manager** |  |  |  |
| **EGAC Accreditation Director** |  |  |  |