

UNITED STATES ACCREDITATION BOARD (USAB)

APPLICATION FOR LISTING AS AN ACCREDITED CERTIFYING BODY

REFER TO GUIDES FOR INFORMATION ON BECOMING ACCREDITED

Notes On Completing This Form

1. Please fill in with black or dark blue pen.
2. Photo copies of sample certificates supporting your application and your Terms & Conditions must be supplied with the completed form
3. You should confine your remarks to this form, but you may include an organization structure if you wish to show your relationship to other organizations connected to your business.
4. An application form for accreditation cannot be accepted unless it is accompanied with the full application fee as advised.
5. In submitting this application the applicant agrees to abide by the terms and conditions of USAB, amended if appropriate, if a contract is entered into.
6. **NOTE:** Upon acceptance of this stage of an application the applicant will be required to enter key data about their business into the USAB website at the Register page.

1 IDENTIFICATION

NAME OF FIRM
LEGAL STATUS OF FIRM (Pvt, Ltd, LLP, PL etc).
TRADING STYLES

2. ORGANISATIONAL DATA

Note1: Full CV and evidence of knowledge, skills and competence will be required for the above and other key persons.			
Position in company	Name	Status: Director, Employee Or Empanelled?	Life time's number of Months Experience in this role
Managing Director			
Certification Manager			
Chair of Impartiality Committee			
Administration Manager			
Audit Manager			
Management Rep' for Quality			
Note2: Add a separate organization diagram.			
Note3: Define in Box5 any family or close relationships between those named in the Organisational Structure And members of the Impartiality Committee, shareholders, other backers or stakeholders.			

3 (i) EQUITY Please name principle share holders and % shares held

3(ii) Revenue Streams Please state if you have other revenue streams that sustain your current Standard of living.

- (a) Revenue from QA and similar non-certification activities such as consultancy
- (b) Revenue from other business activity.
- (c) Revenue from unaccredited certification activities.
- (d) Unearned income stream
- (e) No other revenue

4 OTHER CBs (i) Please advise if in the last two years, any of the persons named in box 2 above have had a business relationship with any other certification body **that may have lost its accredited status**, or if **your employment with any other certification body has been terminated**, please state your role in that organisation.

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4 OTHER CBs (ii) Please advise if in the last two years, any of the persons named in box 2 above have had a business relationship with any other certification body **IN ANY CAPACITY**. Please state their role in that organisation.

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5. INTERESTS Please advise any current (or within two years) business interest or employment, that the persons named in Section 2 have been involved with. If employed, please state the reasons for terminating that employment. Typically, we wish to know about consultancy, training or any activity related to certification. If relevant describe persons not named above

POSITION	NAME	CURRENT&LASTTWO-YEARHISTORY
Managing Director		
Certification Manager		
Chair of Impartiality Committee		

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Administration Manager		
Audit Manager		
Management Rep' for Quality		
6. REASON: Please advise the reasons for seeking USAB accreditation. (e.g. reputation, Technical approach, market awareness, user-friendliness, cost effectiveness etc.)		

<p>7. INTEGRITY: Please advise any matter with respect to persons named in section 2 and 4 that may be deemed significant when adjudicating your application should it come to light at a later date.</p> <p>(Be advised that USAB aspire only to the highest levels of impartiality with the certification process. In this respect the personal integrity and ethical history of applicants and all members of their teams and backers is deemed very important. Not declaring what may be deemed significant will be viewed an inability or unwillingness to adopt principles of honesty, integrity and ethical behavior and a failure to participate in continuing professional development.)</p>

<p>8. PAST PERFORMANCE: Please advise any outstanding matter related to non-conformity within Your own organization or customer complaint regarding your services. Please advise if any government, local authority or professional body has ever undertaken an investigation into your organization and or any of the persons named above.</p>

9. GENERAL	
9.1	Do you realize that it is a requirement for all organizations that they should be setup for, And implement a management system, in recognition of ISO 17021?
9.2	Do you accept that your application and payment of administration fees, which are non-refundable, do not guarantee that accreditation will be achieved
9.2	Do you have a documented management system for ISO 17021 at this time?
9.3	If not, when will it be ready?
9.4	Do you understand that you are not permitted to have interests in consultancy?
9.5	How long have you been operating as a Certification Body?
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- 9.6 Do you have proof of your status as a legal entity?This should be provided.
- 9.7 Where did you learn about USAB
- 9.8 Have you worked with any other USAB accredited organization before
- 9.9 If yes, who

10. CONFIRMATION:

I confirm that in order to be accredited our organisation:

- (i) Will need an extensive document review and examination of evidence which is only begun following payment of the initial Administration Fee which is non-refundable.
- (ii) Will need are view and continuing research into our activities and the principal members of our management team pursuing technical, professional and ethical lines of enquiry
- (iii) Will need a visit by an USAB officer(s) to our premises to verify the substance of documents and our arrangements as a certification body,
- (iv) Will need to have our certification activities witnessed at our clients' sites,
- (v) Will need continuing levels of surveillance by USAB.
- (vi) Will need to provide the travel and accommodation costs of USAB at our expense and paid for in advance of the activity.
- (vii) Will need to host the representative of USAB at all times when not in their hotel accommodation.

Please confirm your understanding and agreement (sig)

Print Name.....

Date.....

11. RESUME In order to assist us please give a brief and concise résumé of your organisation. State each type of service offered on a separate line, listing relevant standards that you may observe. Attach a copy of the standards if they are unlikely to be recognized at a national level. Indicate how long you have been trading. If a startup, indicate previous experience/attach a CV.

Use continuation sheets if necessary

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12. CHECKS

1	Have you signed the confirmation section 9 ?	
2	Do you confirm that you are not involved with consultancy?	
3	Have you provided proof of legal identity? Eg: (i)Articles of Association (ii) Memorandum of Association (iii) Government documents confirming status.	
	N.B. Scans / photo copies of original documents showing signatures, dates and stamps are required.(word-processed templates are not acceptable.	
4	Have you enclosed a cheque or arranged for payment ?	
5	Have you sent CVs and a completed form USAB for each of the Persons named?	
5	Have you completed all sections in the above form inserting N/A (Not applicable), if appropriate?	
6	Have you read the Terms & Conditions, USAB and are you familiar with the appropriate accreditation standard?	
7	Do you understand that this is only an application and that USAB provides no undertaking that your application will be successful.Moreover in the event that your application is unsuccessful, the Application fee will not be returned?	
8	Have you retained a copy of all pages of this form?	

Signed

Date