



Received on the: ¹ _____

Customer No: ¹ _____

Customer Manager: ¹ _____

Lead Assessor: ¹ _____

Application Form

for accreditation as a certification body for management systems and laboratory accreditation

Scope requested:

| |
|---|
| <input type="checkbox"/> - initial accreditation |
| <input type="checkbox"/> - extension of accreditation |
| <input type="checkbox"/> - reaccreditation |

| | | | |
|--|-------------|----------------------|------------|
| Organization details (Please ensure that the specific entity seeking accreditation and the legal entity are precisely identified): ² | | | |
| Organization Name : | | | |
| Country: | | | |
| Street: | | | |
| Code: | City: | PO box / Code: | |
| Telephone: | Fax: | E-Mail: | |
| Website: | | | |
| Director / Organization representative: | | | |
| Head of the Organization / certification body: | | | |
| Deputy head: | | | |
| Contact partner: | | Phone: | |
| Number of staff employed by the applicant Organization / certification body - including freelance auditors / experts contracted: | | | |
| Legal status: | | | |
| Owner / parent Organization: | | | |
| Address of the owner: | | | |
| Authorized representative of the owner: | | | |
| Profit for the last three years (€): | YEAR _____ | YEAR _____ | YEAR _____ |
| € | € | € | |

¹ To be entered by CO.NA.I.P.P.
² The name as stated here will appear on the accreditation certificate.



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| | | | |
|---|-------------|-------------|----------------|
| Does the applying Organization / Certification Body operate at additional locations? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | |
| Locations of the applicant Organization / certification body | | | |
| Street: _____ | Code: _____ | City: _____ | Country: _____ |
| Street: _____ | Code: _____ | City: _____ | Country: _____ |
| Street: _____ | Code: _____ | City: _____ | Country: _____ |
| Street: _____ | Code: _____ | City: _____ | Country: _____ |

Please, indicate the number of sites for which the accreditation is requested:

Identify the management system certification scheme(s) for which accreditation is sought:

- Quality Management System (ISO 9001) – please complete **Annex A** – QMS economic sectors / scope
- Quality Management System – Aerospace (EN 9100)
- Quality Management System – Aerospace (EN 9110)
- Quality Management System – Aerospace (EN 9120)
- Quality Management System - Primary packaging for pharmaceuticals (ISO 15378)
- Quality Management System – Medical product manufacturer (ISO 13485)
- Environmental Management System (ISO 14001) - please complete **Annex B** – EMS economic sectors / scope
- Energy Management System (EN 16001)
- Occupational Health and Safety Management Systems (OHSAS 18001)
- Food Safety Management Systems (ISO 22000) - please complete **Annex C** – Food chain categories
- Quality Management System - Hygienic management for packaging material manufacturing (EN 15593)
- Social Accountability (SA8000)
- HACCP – Hazard Analysis Critical Control Points (based on Codex Alimentarius Commission CAC/RCP1-1996, Rev. 4-2003)
- General Requirements for the Competence of Testing and Calibration Laboratories (ISO/IEC 17025) – please complete **Annex D** – LIST OF THE TESTS AND TO BE CREDITED CALIBRATION
- Medical laboratories - Particular requirements for quality and competence (ISO 15189)
- IT – Service Management System (ISO 20000)
- Information Security Management System (ISO 27001)
- Supply Chain Security Management Systems (ISO 28000)
- Quality Management System – Petroleum, petrochemical and natural gas industries (ISO/TS 29001)
- Other (please specify):



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General information

| | | |
|---|------------------------------|-----------------------------|
| Is the Certification Body/Organization already accredited by another accreditation body? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, indicate the name of the accreditation body: | | |
| Date of application: | | |
| Fields of conformity evaluation which are accredited or for which accreditation has been applied for: | | |
| | | |
| Has CO.NA.I.P.P. previously sent you a quotation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, indicate the reference number (if available): | | |
| | | |

Information regarding the Quality System of the Applicant Organization

| | | |
|--|------------------------------|-----------------------------|
| Does the applying organization possess a quality system? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, which one(s)? | | |
| | | |

We hereby declare that we recognize and take note of the CO.NA.I.P.P. Accreditation Procedure and the CO.NA.I.P.P. Rules.

(Stamp)

.....
Place, Date

Signature

.....
Name in print