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| **F 072A APPLICATION FOR ACCREDITATION** |
| **Address:** House A07, Plot 32, Emerald Flower Estate,  Lokogoma District,  Abuja, FCT,  Nigeria.  Email: [**applications@ninas.ng**](mailto:applications@ninas.ng) **copy: info@ninas.ng** |

To be filled in by the Nigeria National Accreditation System (NiNAS)

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| Application/Case No.: INVOICE NO:  Incoming date/stamp or signature: |

**Confidentiality Policy**

According to the NiNAS Code of Conduct, all NiNAS assessors, staff and committee members are required to keep information about your application confidential. Following a successful accreditation, the only information published by NiNAS will be your accredited scope and contact details. NiNAS may be required by law to share other information or may publish information that is already in the public domain.

**Application  
Please checkmark,** ☒ **add or complete**

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| **This application relates to the following accreditation case no.**[[1]](#footnote-1)**:** | ***DD MM YYYY*** |

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| 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 incorporation/registration, excerpt of the commercial register)** | | | | | |
| Applicant: |  | | | | |
| Street: |  | | | | |
| Postal Code: |  | Place: |  | Country: |  |
| Name(s) of authorized representatives of the applicant:  **(e. g. registered persons in the certificate of incorporation/registration)** | | | | | |

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| 1. **Address for receiving invoices, if different from the address in section 1** | | | |
| Company name |  | | |
| Contact person |  | | |
| Street: |  | | |
| Postal code: |  | Place |  |

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| 1. **Type of Conformity Assessment Body (CAB)**[[2]](#footnote-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 14065[[3]](#footnote-3)  ☐ Producer of Reference Materials ISO Guide 34 (ISO 17034) in conjunction with ISO/IEC 17025 |

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| 1. **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.) |

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| 1. **CAB information** | | | | | | |
| Name of CAB[[4]](#footnote-4) (if different from the applicant): | | | | | | |
| Street: |  | | | | | |
| Postal Code: |  | City: |  | | | |
| Head of the CAB: | |  | | | | |
| Deputy head: | |  | | | | |
| Contact person[[5]](#footnote-5): | |  | | | Tel.: | |
| E-Mail: | |  | | | WhatsApp: | |
| Contact data to be used in the NiNAS database of accredited bodies at [www.ninas.ng](http://www.ninas.ng) | | | | | | |
| Name: |  | | | | | |
| Tel.: |  | | | Fax: | | |
| E-Mail: |  | | | | | |
| **Number of employees within the accreditation field:**(including external employees like auditors, inspectors, sampler, etc. / Specify the number of employees per location) | | | | | |  |

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

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| **Does the CAB operate on several sites within the applied scope of accreditation?**[[6]](#footnote-6) | | **Yes** | ☐ | **No** | ☐ |
| **If yes, further locations of CAB:** ☐ **see attachment** | | | | | |
| Street:  Code/City: | */* | Number of employees: | |  | |
| Street:  Code/City: | */* | Number of employees: | |  | |
| Street:  Code/City: | */* | Number of employees: | |  | |

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| 1. **Conformity assessment procedures to be accredited – scope of accreditation** |
| **Please attach a separate list about standards, methods, procedures, schemes for which accreditation as conformity assessment body is applied.**  **Note: See sample provided by NiNAS.**  **If applicable, the updated annex of the accreditation certificate can be enclosed.** |

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| 1. **Accreditation with flexible scope**[[7]](#footnote-7) **(only for testing, calibration and medical laboratories)** | | |
| **Note:** For the possibility of accreditation with a flexible scope (category I or II) according to the **NiNAS rule on flexible scope** please contact the Director of Accreditation.  Applications can be made informally to the Director of Accreditation or Programme 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 | ☐ |

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| 1. **Application for the use of the accreditation symbol[[8]](#footnote-8),** [[9]](#footnote-9) | | | | |
| Application for the use of the accreditation symbol on result reports: (e.g., on test reports, calibration certificates, examination reports, inspection certificates, other reports – regarding to type of CAB) | Yes | ☐ | No | ☐ |
| Moreover, the use of the accreditation symbol is applied for other purposes: | Yes | ☐ | No | ☐ |
| If yes, please specify: | | | | |
| Application for a combined accreditation symbol? (ILAC-NiNAS or IAF-NiNAS)[[10]](#footnote-10) | Yes | ☐ | No | ☐ |

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| 1. **Specifications to former accreditations (only for initial accreditations and reaccreditations)** | | | | |
| Are there further accreditation files for which the applicant is accredited by NiNAS? If yes, case no.: | Yes | ☐ | No | ☐ |
| Is the CAB already accredited by another accreditation body? If yes, information to the accreditation body: Case no: | Yes | ☐ | No | ☐ |
| Are there any existing or applied notifications, permissions or applications of the CAB? | | | | |
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| 1. **Questions with regard to the local accreditation body of the applicant** | | | | |
| Is there a local accreditation body? | Yes | ☐ | No | ☐ |
| Is the local accreditation body a signatory to the IAF MLA or ILAC MRA respectively? | Yes | ☐ | No | ☐ |
| Does the local accreditation body offer the required scope? | Yes | ☐ | No | ☐ |
| If the questions above are all answered with yes, what are the reasons for applying for accreditation by NiNAS instead of the local accreditation body? | | | | |
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**Note:**

If there is a local accreditation body as stated in Section 10 above:

* NiNAS will inform the local accreditation body about the application.
* NiNAS 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 an observer or for translation service.

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| 1. **Authorization (optional)**[[11]](#footnote-11)   Authorized to make arrangements and contractual agreements between NiNAS and the applicant with regard to the accreditation procedure are: | | | |
| ☐ | The head of the CAB (as specified in section 5.) | | |
| ☐ | The contact person (as specified in section 5.) | | |
| ☐ | The following person: | | |
| Name: |  | | |
| Street: |  | | |
| Postal Code: |  | Place: |  |
| Tel.: |  | Fax: |  |
| E-Mail: |  | | |

**12 Agreement**

I have read, I understand, and I agree with the information provided in this Agreement and conditions stipulated in applicable NiNAS Policies and Procedures. With signature the applicant body declares to recognize and take note of the following conditions:

a) commit to fulfill continually the requirements for accreditation for the scope for which accreditation is sought or granted and commit to provide evidence of fulfillment. This includes agreement to adapt to changes in the requirements for accreditation.

b) cooperate as is necessary to enable the accreditation body to verify fulfillment of requirements for accreditation;

c) provide access to conformity assessment body personnel, locations, information, documents and records as necessary to verify fulfillment of requirements for accreditation;

d) arrange the witnessing of conformity assessment activities when requested by the accreditation body;

e) have, where applicable, legally enforceable arrangements with their clients that commit the clients to provide, on request, access to accreditation body assessment teams to assess the conformity assessment body's performance when carrying out conformity assessment activities at the client’s site;

f) claim accreditation only with respect to the scope for which it has been granted;

g) commit to follow the accreditation body's policy for the use of the accreditation symbol;

h) not to use its accreditation in such a manner as to bring the accreditation body into disrepute;

i) inform the accreditation body without delay of significant changes relevant to its accreditation such as

- its legal, commercial, ownership or organizational status,

- the organization, top management and key personnel,

- resources and location(s);

- other such matters that may affect the ability of the conformity assessment body to fulfill requirements for accreditation;

j) to pay fees as determined by the accreditation body; and

k) to assist in the investigation and resolution of any accreditation-related complaints about the conformity assessment body referred to it by the accreditation body.

l) That providing a false information, fake or doctored document or providing misleading information at any point during the accreditation process may result in halting the process, canceling and withdrawal of accreditation certificate even if already issued.

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| **Signed by Authorised Representative:** | | **Place and date** | |
| Name:  Sign: | |  | |
| **Telephone Fax Email** | | | |
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**Additional Information**

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| **Please include the following supporting documentation with the application** |
| ☐ A copy of the current version of your quality manual and any operating procedures and work instructions. Electronic copies are preferred. |
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| ☐ An up-to-date organization chart and identify, by name, the key personnel involved for each function. |
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| ☐ If CAB is a part of a larger organization, e.g., a manufacturing company or a government department, include a chart of the CAB’s position and reporting relationships within that organization. |
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| ☐ The proficiency testing plan and proficiency test results, with any corrective action response (if applicable). |
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| ☐ A list of all equipment used to support the tests or calibrations including in-house (i.e. equipment calibrations that your organisation perform) and external calibrations (i.e. those that an external calibration laboratory performs), and rented/borrowed equipment. |
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| ☐ For Calibration Applicants Only: a sample of a calibration certificate which your CAB issues and uncertainty calculations that support the Measurement Uncertainties to be claimed on your scope of accreditation. |

**Note:**

1. Additional documents required for a given conformity assessment activity are stipulated in the applicable NiNAS documents.
2. Application form may be accompanied with a client zipped folder. The folder is for the applicant to organize the submissions by dropping each requested document into the appropriate folder.
3. Applicants are at liberty to submit additional documentation relevant to their specific application.
4. All applications not completely processed within one year calendar from date of payment, shall expire without any refund of payment. The CAB shall reapply and make full payment if the CAB wishes to continue the process of accreditation.

1. Please add case no., if available. [↑](#footnote-ref-1)
2. Conformity Assessment Bodies are bodies that perform conformity assessment activities – such as laboratories, certification bodies, inspection bodies or verification bodies etc. [↑](#footnote-ref-2)
3. Verification bodies are bodies engaged in the verification of greenhouse gas emission [↑](#footnote-ref-3)
4. Applicant as well as the name of the CAB (if different) will usually be referred to in the accreditation certificate. [↑](#footnote-ref-4)
5. Technical contact person of the CAB for planning and realization of the accreditation procedure. [↑](#footnote-ref-5)
6. Please enclose attachments if space is not sufficient. [↑](#footnote-ref-6)
7. Please take notice of the NiNAS applicable rule for accreditation with a flexible scope. [↑](#footnote-ref-7)
8. NiNAS 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. Signing this application implies that the CAB will abide by the NiNAS Rule for the Use of Accreditation Symbol. [↑](#footnote-ref-8)
9. NiNAS RL-006-02, ***Rules for the Use of NiNAS Accreditation Symbol*** shall apply in each case. Each type of use shall be announced to and approved by NiNAS before use. [↑](#footnote-ref-9)
10. Usage of combined ILAC-NiNAS- and/or IAF-NiNAS-symbol is possible after signing corresponding sublicense agreement. Rules from ILAC and IAF are to be considered. (note that NiNAS is yet to achieve ILAC MRA and IAF MLA) [↑](#footnote-ref-10)
11. The authorization is valid until it is canceled by the applicant with a written declaration to NiNAS. [↑](#footnote-ref-11)