

	Application for Accreditation of certification body for management systems certification	Issue No. 1 Revision No. 2 Date: May 2018	F 4.01
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1. APPLICANT DETAILS *(To be filled by the applicant)*

Certification Body's name:

Entity applying for Accreditation:

Address of Certification Body:

No. of employees in the Certification Body:

Phone Number:..... Fax Number:

E-mail: Web-address:

Legal Status:..... Date of Establishment:

(please give Registration No. and name of authority who granted the registration):

Organization registered as: Private Limited Company Parastatal Body Public Limited Company

(Tick as appropriate) Government Body Other If Other, please specify

Contact Person:

Position:

Phone direct: Fax Number:

E-mail:

Application for: accreditation extension of accreditation scope

Please specify certification scheme(s) applied for and addresses of all its physical location(s) to be covered under the accreditation scope:.....

Enclosures (Tick as appropriate)

Quality manual (not for extensions) and procedures (also for extensions if relevant)

Self-Assessment Matrix (F4.10 and F4.11)

Documentation according to Paragraph 4

Documentation providing name, organization number and legal status

Applicant has been accredited/has applied for accreditation by others. Submit documentation

Application fee

Other:.....

Information:

Information given will be kept confidential as directed by the law.

MAURITAS personnel and external assessors have signed a declaration of confidentiality, and have undertaken to handle all information with confidence.

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4. THE CERTIFICATION BODY’S INTEGRITY

- a) (Applicable for extensions)
Mark if there have been no changes since the accreditation
Para b) and c) is in this case not applicable
- b) Mark if the company is only engaged in certification activities
- c) In addition to certification, the company or other parts of the legal entity is engaged in commercial activities in the following field of activities and no other than these:

- d) Information on the owner and/or persons commercial affiliation to other companies. (Name of personnel and commercial affiliation and company activities):

5. QUESTIONS (ANSWER FOR EACH SCOPE OF ACTIVITIES)

Scope of activities no:

Question	Answer/Enclosure
(1) Who is defining the requirements for competence of the professional auditors in the field of activities?	
(2) Who has prepared the audit procedure/checklist related to the field of activities?	
(3) Who is selecting and performing competence evaluation of the professional auditor?	
(4) Who is giving specific instructions to the auditor for the scope of activities?	
(5) Include (or reference) documentation that shows that the person(s) mentioned above is competent to do the given function.	
(6) State whether this person is permanent staff/employed. In the case	

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of contractor, enclose the contract that ensures the availability of the competence.	
(7) State who in the board/professional board that is considered to have an overall interest in the given field of activities. State if necessary, why this person is considered to be interested in this field of activities.	
(8) Enclose documentation that shows the certification bodies requirements for professional auditors/experts that is applicable for the scope of activities, and some examples of CV that documents competence.	
(9) State whether there are any other specific requirements or guidelines that you have to meet for the local authorities or others. If yes, to what extent is the certification body's procedures complying with the relevant requirements and guidelines?	
(10) Include documentation that show that the scope of activities has been evaluated against the requirements or guidelines. His competence must be documented.	
(11) Are the applicants/certified companies scope of activities or parts of the company's activities within the accredited scope of the certification body? In such cases, and if necessary, give a brief explanation on how these activities are related.	
(12) Do you want an assessment of the branch in combination with the next visit? (Combinations is often reducing if done in connection with regular visits)	

6. REMARKS / OTHER INFORMATION

Additional information, remarks or other information of relevance for the application. Include also accreditation by other accreditation bodies, accreditation for other areas with other accreditation bodies or application with other accreditation bodies.

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7. DECLARATION

7.1 The certification body agrees to implement and to comply with the requirements of ISO 17021-1 and MAURITAS R1 and R2 and any other publication as specified by MAURITAS prior to being assessed by MAURITAS on site.

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- 7.2 The organisation/Certification Body agrees to comply, upon accreditation, with ISO/IEC 17021-1, MAURITAS Regulations and any other publication as specified by MAURITAS.
- 7.3 I understand the manner in which the accreditation system functions
- 7.4 I declare that the information given in this form is correct to the best of my knowledge and belief
- 7.5 I undertake that the organisation will pay all fees due to MAURITAS in accordance with the MAURITAS fee structure, whether or not accreditation is granted.
- 7.6 I enclose the application fee. (Cheques should be made payable to “**The Government of Mauritius**”).

Signed : _____ Date: _____

Name : _____

Position: _____

The completed form should be forwarded to the following address:

**The Director
Mauritius Accreditation Service (MAURITAS)
4th Floor, Crescent House
Cnr Deschartes and Foucault Streets
Port Louis
Mauritius
Tel: +230 208 1690
Fax: +230 210 6101**

8. REVIEW OF APPLICATION

<i>For MAURITAS use only – Accreditation Manager Review of Application</i>	
Date of receipt of Application :/...../.....	
Application form filled adequately	: Yes <input type="checkbox"/> No <input type="checkbox"/>
Quality Manual submitted	: Yes <input type="checkbox"/> No <input type="checkbox"/>
Procedures Manual submitted	: Yes <input type="checkbox"/> No <input type="checkbox"/>
Self-Assessment Matrix F4.10	: Yes <input type="checkbox"/> No <input type="checkbox"/>
Self-Assessment Matrix F4.11	: Yes <input type="checkbox"/> No <input type="checkbox"/>

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Application Fee paid : Yes <input type="checkbox"/> No <input type="checkbox"/>	
Application complete and all relevant documentation submitted: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments: 	
Accreditation Manager:	Signature: