Application for Listing as An Accredited ISO 17020 Inspection Body.

Notes on completing this form

1. Please read the form carefully before filling it in.
2. Copies of sample certificates supporting your application and your Terms & Conditions must be supplied with the completed form.
3. When completed, this document must be sent to The Administration Manager of GBAR (admin@gbar-ab.org).
4. In submitting this application, the applicant recognizes that they will be required to abide by the terms and conditions of GBAR if a contract is entered into.
5. **This application shall not be used for testing and calibration laboratories or management systems certification bodies.**

NAME OF BUSINESS *:			
LEGAL STATUS (*Ltd = Limited Company, ST = Sole Trader, PT = Partnership, PLC = Public Limited Company, OT = Other.)* ***Note: Organisation must be a legal entity.*:**			
MAIN ADDRESS *:			
SURNAME AND FORENAME OF PRINCIPLE CONTACT *:			
PRINCIPLE CONTACT EMAIL:			
EMAIL FOR GENERAL ENQUIRES *:			
TELEPHONE *:		**MOBILE *:**	
WEBSITE *:			
** This information will appear on any accreditation statement on the GBAR website.*			

SECTION 2	**ORGANIZATIONAL STRUCTURE** Please attach an organization structure chart
President/Managing Director/CEO	
Head of Inspection	
Other key persons (please list)	
Please indicate family or similar relationships between the above Please submit: 1. Full CV and evidence of skills and competence for the above, and other key persons & separate organization diagram.	

SECTION 3 Please advise if, in the last two years, you have had a business relationship with any laboratory, test house, certification or inspection body. If so, please give the body's name and summary details. Please advise the reason for not continuing that relationship.

SECTION 4 Please advise if, in the last two years, you have had a business relationship with any other laboratory, test house, certification or inspection body that may have lost its accredited status. Please state your role in that organization.

SECTION 5 Please advise the reasons for seeking GBAR accreditation. (e.g., reputation, technical approach, market awareness, user-friendliness, cost-effectiveness etc.).

SECTION 6 Please advise any other matter that may be deemed significant when adjudicating your application, should it come to light later.

SECTION 7	Do you realise that it is a requirement for organisations seeking GBAR accreditation that they should be set up for, and implement a management system, in recognition of ISO 17020?	Confirm
SECTION 8	Do you have a documented management system for ISO 17020 now? If not, when will it be ready?	Confirm
SECTION 9	Do you have a documented quality management system?	Confirm
SECTION 10	Is it in accordance with ISO 9001?	Confirm
SECTION 11	If the management system is not available now, when will it be ready?	
SECTION 12	How long have you been operating as an Inspection Body?	
SECTION 13	Do you have proof of your status as a legal entity? This should be provided with this application form.	Confirm
SECTION 14	Do you operate at locations other than the main address given in Section 1? If yes, please give details below.	Confirm
OTHER LOCATIONS		
SECTION 15	Would you classify yourself as a Type A, Type B or Type C Inspection Body?	Select
SECTION 16	Have you worked with any other GBAR accredited organisation before? If yes, please state their name.	

SECTION 17	Do you realize that to be accredited there will need to be:	
(i)	An extensive document review and examination of evidence which is only begun following receipt of the initial Administration Fee?	Confirm
(ii)	A visit by an GBAR officer(s) to your premises to verify the substance of documents and your arrangements as an Inspection Body?	Confirm
(iii)	Witness of your inspection activities?	Confirm
(iv)	Continuing levels of surveillance by GBAR?	Confirm
(v)	Travel and accommodation at your expense and paid for in advance of the activity?	Confirm
(vi)	An agreement for continuing payments to GBAR based upon a Memorandum of Understanding and a Contract?	Confirm

SECTION 18 State each type of service and applicable standards offered on a separate line. Attach a copy of the standards if they are unlikely to be recognized at a national level.

INSPECTION FUNCTION	APPLICABLE STANDARD	DESCRIPTION OF ACTIVITIES
PRODUCT DESIGN		
PRODUCT INSPECTION & TEST		
PROCESS		
PLANT OR FACILITY		

Use continuation sheets if necessary.

SECTION 19 Please indicate the extent of use of sub-contract test facilities:

SECTION 20: Please describe the design evaluation routines exercised within your organization. (Attach appropriate or sample procedure if more convenient.)

SECTION 21 Please describe the inspection and test arrangements. (Attach appropriate or sample procedure if more convenient.)

SECTION 22 Please give a brief and concise résumé of your organisation. Please provide a description of your organization's mission and target market sectors and any other information that you may feel would be helpful to GBAR in adjudicating your application. Indicate how long you have been trading. If you are a start-up, indicate previous experience or attach a CV.

Date trading started: Other accreditations that are held: Memberships of trade and professional bodies: Other information about your organisation:

SECTION 24 – INSPECTION ACTIVITY

Income (inspection related) last year (in local currency):	
Income (inspection related) this current year (in local currency):	
Number of tests last year:	
Number of tests this year:	

SECTION 25 - CHECKLIST

1	Have you signed the confirmation in Section 18?	☐
2	Have you provided proof of legal identity?	☐
3	Have you read the ASL(G)56 Terms for Inspection Bodies and Operation Conditions for Inspection	☐

	Bodies?	
4	Have you attached a plant list of inspection & test equipment	☐
5	Have you read, understood and accepted the General Accreditation Terms & Conditions, ASL(G)02 and are you familiar with the appropriate accreditation standard?	☐
6	Have you retained a copy of all pages of this form?	☐
7	Have you sent CVs for each of the persons named, an organization chart and indicated any family or similar relationships in Section 2?	☐
8	Have you completed all sections in the above form inserting N/A (Not applicable), if appropriate?	☐
9	You have read, understood and accepted document ASL(G)32 regarding our authority and acknowledge that GBAR accreditation services are independent of any government.	☐
10	Do you understand that a contract agreement will be necessary before you are awarded any level of accreditation? A sample contract is available upon request.	☐

SECTION 26	Please confirm your understanding, agreement to the above statements and declaration that the information on this application form is correct to the best of your knowledge.
Signature:	
Date:	
Print name:	
Position in the organization (job title):	

THIS FORM WILL BE RETURNED IF ALL SECTIONS ARE NOT APPROPRIATELY COMPLETED

REFER TO GUIDE 54 FOR INFORMATION ON BECOMING ACCREDITED

PLEASE EMAIL THIS FORM TO:

admin@ gbar-ab.org

OR SEND A COPY BY POST TO:

GBAR, 1015 Main Street P.O. Box 156 West Barnstable, MA 02668-9998, United States

URL: http//:www.gbar-ab.org