

AC 1: Certification Body Accreditation



This document has changed from the previous issue to reflect the inclusion of additional information to be supplied and a Section for applying for the addition of Key Locations

| Company Details | | |
|------------------------------------|-----------------------------|--|
| Company Name | | |
| UKAS Ref (Existing Customers Only) | ETS Ref No. (UKAS Use Only) | |

| STANDARD – PLEASE INDICATE WHICH STANDARD OF ACCREDITATION YOU ARE APPLYING FOR | | | |
|---|--------------------------|---|--------------------------|
| ISO/IEC 17021 (BCMS) | <input type="checkbox"/> | ISO/IEC 17021 + sector scheme(s) e.g. TickIT (Please Describe) | |
| ISO/IEC 17021 (EMS) | <input type="checkbox"/> | | |
| ISO/IEC 17021 (FSMS) | <input type="checkbox"/> | EMAS Regulation (EC 1221/2009) | <input type="checkbox"/> |
| ISO/IEC 17021 (H&SMS) | <input type="checkbox"/> | EN 45011 (Product Conformity) | <input type="checkbox"/> |
| ISO/IEC 17021 (QMS) | <input type="checkbox"/> | ISO/IEC 17024 (Certification of Persons) | <input type="checkbox"/> |
| ISO/IEC 17021 (ISMS) | <input type="checkbox"/> | ISO 14065 | <input type="checkbox"/> |
| ISO/IEC 17021 (ITSMS) | <input type="checkbox"/> | Other, please specify | |

If you are applying for more than one standard (ticked above), please complete a separate AC1 per standard

ADDITION OF KEY LOCATION AND/OR ACTIVITIES TO BE PERFORMED AT A KEY LOCATION:

| Location Address | Country | Activities to be performed at this location | Does this location hold accreditation with another EA/IAF MLA signatory, if yes please specify. |
|------------------|---------|---|---|
| | | | |

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Defining the Scope for UKAS Accreditation

Scope descriptions need to be stated in the following manner

| | |
|--|--|
| ISO/IEC 17021 (BCMS), (EMS), (H&SMS), or (QMS) | Please state in terms of EA Codes/IAF References (as listed IAF ID 1:2009). For QMS, please also state whether this is for ISO 9001 and/or ISO 13485. Where you require a limitation within an EA code, please describe the limited activities you require to the relevant EA code in terms of the NACE Industrial Classification Codes. |
| ISO/IEC 17021 (FSMS) | Please state ISO 22003 Category Code(s) as listed in Annex A |
| ISO/IEC 17021 (ISMS) | No scope definition required. |
| ISO/IEC 17021 (ITSMS) | No scope definition required |
| Sector Schemes | Please list the sector scheme(s) and enter the specific scope detailed in the relevant sector scheme. |
| EN45011 (ISO Guide 65) or ISO/IEC 17024 | Please state in terms of the applicable standards and/or schemes. |
| EMAS verifiers | Please state in terms of the NACE Industrial Classification Codes covered by the EMAS Regulation |

COUNTRIES WHERE THE CERTIFICATION WILL OPERATE

| | Number | Countries of Operation |
|-------------------------------------|--------|------------------------|
| Existing clients in new scope area | | |
| Potential clients in new scope area | | |

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Scope(s) Requested:

| No. | CODE/SCHEME (If Applicable) | Scope Description |
|-----|--------------------------------|-------------------|
| | | |

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DOCUMENTATION

For an extension to scope to be progressed by UKAS the following documentation must, as a minimum, be supplied where it is applicable

| Documentation | 'Tick' if supplied |
|---|--------------------------|
| Evidence of development activities, in accordance with your design process, leading to the implementation of the new activity | <input type="checkbox"/> |
| Evidence of the involvement of the Scheme/Impartiality committees | <input type="checkbox"/> |
| Auditor competence criteria for any new area | <input type="checkbox"/> |
| Evidence of evaluation of competence for each of the key functions within the new area | <input type="checkbox"/> |
| Copies of any revised/new procedures required for the new area | <input type="checkbox"/> |
| Copy(ies) of any agreement(s) with subsidiary/different legal entity established at the key location | <input type="checkbox"/> |

EXTENSIONS TO SCOPE ONLY:

1. I wish this extension to scope application to be processed now (and understand this may require an extra visit by UKAS).

Desired Timeframe for Assessment:

- 1-3 Months 3-6 Months 6-9 months 9-12 months

Please note standard UKAS timeframe for the assessment of extensions to scope is 3 months from receipt of application

2. I wish this extension to scope application to be processed with my next surveillance/re-assessment visit.
3. This application is to extend an existing limited scope.

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DECLARATION:

I declare that I am authorised, on behalf of the company, to submit this application, and that the information contained herein is both correct and accurate to the best of my knowledge and belief. I understand and accept that an assessment fee will normally be charged for an extension of scope, and it may be necessary to revise our annual fees.

Name: _____

Position: _____

Date: _____

APPLICATIONS TO BE SUBMITTED TO:

EMAIL: apps@ukas.com

FAX: +44 (0) 20 8917 8499

POST: Applications Unit, United Kingdom Accreditation Service, 21-47 High Street, Feltham, Middlesex. TW13 4UN