

## AC 1: Certification Body Accreditation



Company Details	
Company Name	
CQC Ref (Existing Customers Only)	

STANDARD – PLEASE INDICATE WHICH STANDARD OF ACCREDITATION YOU ARE APPLYING FOR				
ISO/IEC 17021-1 (AMS - Asset Management)	<input type="checkbox"/>	EMAS Regulation (EC 1221/2009)	<input type="checkbox"/>	
ISO/IEC 17021-1 (BCMS - Business Continuity)	<input type="checkbox"/>	ISO/IEC 17065 (Product / Process / Service)	<input type="checkbox"/>	
ISO/IEC 17021-1 (CMS - Competence)	<input type="checkbox"/>	ISO/IEC 17024 (Certification of Persons)	<input type="checkbox"/>	
ISO/IEC 17021-1 (EMS - Environmental)	<input type="checkbox"/>	ISO 14065 (Greenhouse Gas Verification)	<input type="checkbox"/>	
ISO/IEC 17021-1 (EnMS - Energy)	<input type="checkbox"/>	Other (please specify below):	<input type="checkbox"/>	
ISO/IEC 17021-1 (FSMS - Food Safety)	<input type="checkbox"/>			
ISO/IEC 17021-1 (H&SMS - Health & Safety)	<input type="checkbox"/>			
ISO/IEC 17021-1 (ITSMS - IT Service)	<input type="checkbox"/>			
ISO/IEC 17021-1 (ISMS - Information Security)	<input type="checkbox"/>			
ISO/IEC 17021-1 (PSCMS - Private Security Companies)	<input type="checkbox"/>	Is this application linked to an application to a UK competent authority for the purposes of appointment as a notified body? (If 'Yes' then <b>please provide details below</b> ):	<b>Yes*</b>	<b>No</b>
ISO/IEC 17021-1 (QMS - Quality)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
ISO/IEC 17021-1 (SCSMS - Supply Chain Security)	<input type="checkbox"/>			
ISO/IEC 17021-1 (ABMS - Anti-Bribery)	<input type="checkbox"/>			
ISO/IEC 17021-1 + sector scheme(s) e.g. TickIT (please describe below):	<input type="checkbox"/>	* Please ensure that your organisation has signed a Notified Body Confidentiality Waiver allowing CQC to share relevant information with the competent authority		

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 KEY LOCATION(S):

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.

## AC 1: Certification Body Accreditation



### Defining the Scope for CQC Accreditation

Scope descriptions need to be stated in the following manner:

ISO/IEC 17021-1 (AMS), (BCMS), (EMS), (H&SMS), or (QMS)	<ul style="list-style-type: none"> <li>Please state in terms of EA Codes/IAF References (as listed IAF ID 1:2014)</li> <li>For QMS, please also state whether this is for ISO 9001 and/or ISO 13485</li> <li>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</li> </ul>
ISO/IEC 17021-1 (FSMS)	Please state ISO/TS 22003 Category Code(s) as listed in Annex A
ISO/IEC 17021-1 (ISMS), (ITSMS), (PSCMS)	No scope definition required
ISO/IEC 17021-1 (SCSMS)	No scope definition required; please state if ISO 28007-1 is included
ISO/IEC 17021-1 (EnMS)	Please state ISO/IEC 50003 Technical Areas as listed in clause 6.3
ISO/IEC 17021-1 (CMS)	Please state the specific scheme
ISO/IEC 17021-1 (ABMS)	Please state Scope Description Groups and geographical scoping (see CQC publication CIS 14 CQC Guidance for Bodies Offering Certification of Anti-Bribery Management Systems)
Sector Schemes	Please list the sector scheme(s) and enter the specific scope detailed in the relevant sector scheme
ISO/IEC 17065 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
ISO 14065	<ul style="list-style-type: none"> <li>Please state the specific scheme</li> <li>For the EU Emissions Trading Scheme, please state the activity group(s) in Annex 1 of the Accreditation and Verification Regulation 600/2012</li> </ul>

With respect to your Management System, which *Option* does your organisation follow (as outlined in ISO/IEC 17021-1 Section 10, ISO/IEC 17065 Section 8.1 or ISO/IEC 17024 Section 10)?

Option A

Option B

### COUNTRIES WHERE THE CERTIFICATION WILL OPERATE

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



**AC 1: Certification Body Accreditation**



**SUPPORTING DOCUMENTATION:**

*For an extension to scope to be progressed by CQC the following documentation must, as a minimum, be supplied where it is applicable. Applications submitted with no supporting documentation will not be accepted.*

DOCUMENTATION	'Check' if supplied	Justification for non-submission
Evidence of development activities, in accordance with your design process, leading to the implementation of the new certification activity.	<input type="checkbox"/>	
Evidence of the involvement of the Scheme/Impartiality committees in the certification activities applied for.	<input type="checkbox"/>	
Evidence to demonstrate auditor, contract review and decision maker competence for the certification activities applied for (e.g. – Competence Criteria, CVs, witnessed audits, competence tests).	<input type="checkbox"/>	
Competence Criteria relating to the certification activity that is being applied for and details as to how it has been defined.	<input type="checkbox"/>	
Copies of any revised/new procedures required for the certification activity applied for.	<input type="checkbox"/>	
Where the application relates to the addition of a new critical location: Copies of any agreement(s) with subsidiary/different legal entity established at the critical location along with the documentation stated above to demonstrate the competence of operations at the critical location.	<input type="checkbox"/>	

## AC 1: Certification Body Accreditation



### 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.
- If this application relates to an extension to scope, I understand and accept that an assessment fee will normally be charged for the extension to scope, and it may be necessary to revise our annual fees upon grant of the extension to scope.
- By submitting this application I acknowledge that I have read, understood and accepted CQC' Standard Terms of Business.

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date:** [Click here to enter a date.](#) \_\_\_\_\_

### APPLICATIONS TO BE SUBMITTED TO:

**EMAIL:** [manager@cqcert.co.uk](mailto:manager@cqcert.co.uk)