

Address : Level 25, One Raffles Quay North Tower, Raffles Place, Singapore 048583

E-mail : info@imacb.com, customersupport@imacb.com

Website : www.imacb.com

Application

Certification bo	ody for person name	ed belo	ow, we ap	ply for:							
	- the initial accreditation										
	- the extension of accreditation										
	- the reaccreditation										
Name / Identity	y of the certification bo	ody:									
Address	:										
Street	:										
Code	:		Place	:			PO box	/ Code	:		
Telephone	:		Fax	:			E-Mail		:		
Website	:										
Operational hea	ad	:									
Deputy head		:									
Contact person	(Administration)	:					On Desl	k Tel. No.	:		
Number of emp	oloyed auditors	:									
Number of exte	ernal auditor	:									
Legal status of t	the certification body	:									
Director of the	certification body	:									
Address of the I	Director	:									
Authorized repr	resentative	:									
Does the certific	ication body operate o	n seve	ral sites / t	est centre	es :		Yes			No	
Sites of the cert	tification body										
Street:				Code:			Place:				
Street:				Code:			Place:				
Street:				Code:			Place:				
Street:				Code:			Place:				
Org. chart :	Please attach lates	st orga	nisational	structure	of the certi	fication bod	ly (include	subsectio	ns / div	/isions as	suitable)



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Identify the certification scheme for persons for which accreditation is sought	
Persons for non-destructive testing (NDT) according to DIN EN 473	
Persons for joining technology and welders according to EN 287-T1, ISO 9606, ISO 14731	
Experts for estimation of damages at vehicles / cars	
Experts for corrosion and corrosion protection, cathodic protection according to DIN EN 15257	
Experts for sensoric testing	
☐ Management System Auditors (Various ISO Standards)	
Hazard Analysis and Critical Control Point Auditors	
Good Manufacturing System Auditors	
Good Distribution System Auditors	
Other (please specify)	
General information	
Is the certification body already accredited by another accreditation body?	
Has an application for accreditation been submitted to another accreditation body? Yes No	
Name of the accreditation body :	
Date of application :	
Fields of conformity evaluation which are accredited or for which accreditation has been applied for:	
Approvals and other recognitions of the certification body:	
Has IMAB already sent a quotation to the certification body? Yes No	
If yes, indicate the reference number (if available):	
Documented structure to safeguard impartiality	
Please provide details of the membership of Governing Board / Impartiality Committee and interests they represe	ent:



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Staff of the certification bo	dy in the field of	applied accreditation
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	Full / Pat time staff in no.	Other Free Lance experts no.
Staff with university education		
Staff with technical school education		
Staff trained in quality management		
Certification Scheme		
Description of the personal certification scheme including quality pro	ocedures for verification and c	ertification, quality manual:
Outsourced Experts of the personal certification scheme:		
Interested parties represented in the scheme (scheme committee):		
Is the scheme nationally / internationally accepted within the industr	y?:	
Quality system		
Does the applicant organization/ the certification body comply with a standard for quality system?	any Yes 🔲	No 🔲
If yes, which one:		
Has a quality manager been appointed?	Yes	No 🔲
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If yes, name:								
Is there a documented system for internal quality audits to ensure the compliance with ISO 17024?	Yes		No					
Reference document:								
Are there documented procedures to ensure confidentiality?	Yes		No					
Reference document:								
Are there procedures regarding the misuse of certificates?	Yes		No					
Reference document:								
Is a description of the certification system available in published form?	Yes		No					
Reference document:								
Considering the questions above, what are the reasons for choosing IMAB instead of the local / regional accreditation body? As the applying certification body, we hereby declare that we recognize and take note of the IMAB Accreditation Procedure and the IMAB Rules. (Stamp)								
Place Date								
Place, Date		Signature						
		Name in p	rınt					