

SADCAS Ref. No:																			
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## APPLICATION FOR ACCREDITATION OF INSPECTION BODIES

**PART 1: GENERAL INFORMATION**

*This form should be completed in full and returned to:*

**Southern African Development Community Accreditation Service (SADCAS)**

**Attention: Technical Manager**

**Postal Address:**

Private Bag 00320  
Gaborone  
Botswana  
Tel: +267 3132909/ 3132910  
Fax: +263 3132922  
Email: [info@sadcas.org](mailto:info@sadcas.org)

**Physical Address:**

Plot 50369, Unit 3A Second Floor  
Tholo Office Park, Fairgrounds  
Gaborone  
Botswana

**Please complete ALL applicable sections of the form in CLEAR PRINT or in type**

This form is available in electronic form. Please do not modify the form other than filing in the sections provided for this purpose. Any form that is modified will not be recognized as a valid application. Should you have difficulties in completing the form, please contact SADCAS or the National Accreditation Focal Point office in your country.

If you wish to complete and forward the form by email, please note that SADCAS does not accept responsibility for breach of confidentiality of information or for the receipt of applications. **All applications submitted by email must be forwarded, duly signed, by surface/special courier mail.**

Receipt of payment of the application fee shall be required prior to processing the application.

**Note:** If you do not receive acknowledgement of receipt of your application from SADCAS or fax within four (4) weeks of dispatch you should contact the SADCAS Office. This application remains valid for one year from the date of application.

<b>Date of Application</b>													
<b>Organization</b>													
<b>VAT Registration No. (where applicable)</b>													
<b>Contact Person</b>									<b>Title</b>				
<b>Position</b>													
<b>Postal Address</b>													
<b>Physical Address</b>													
<b>Tel No:</b>					<b>Direct Tel No:</b>					<b>Fax No:</b>			
<b>Mobile No:</b>					<b>Email address:</b>								
<b>Field(s) of Operation</b>													

<b>Application for:</b> (Tick as appropriate)			
Pre-Assessment	<input type="checkbox"/>	Initial Accreditation	<input type="checkbox"/>
Extension of Accreditation	<input type="checkbox"/>		
Other	<input type="checkbox"/>	(Please specify)	
<b>PART 2: INFORMATION REGARDING YOUR ORGANIZATION</b>			
Description of the main activities of the applicant organization (Please underline those activities for which accreditation is sought):			
If the organization seeking accreditation is owned by another organization or is part of a larger group of organizations or has branches/divisions at other locations, please give the following details:			
Name, address and contact information (Tel, Fax, Email) of:			
<b>Parent Organization</b>			
<b>Other organizations in group division</b>			
Locations/sites/virtual sites where key activities are conducted			
Relationship and links between the above-mentioned organizations and the organization seeking accreditation (Please describe)			
What is the legal status of your organization? e.g. Pvt (Pty)/ Ltd privately owned or other  (List and attach the legal instrument and other regulatory requirements applicable to your organization)			
Registration Number of Company/ Identity Number(s) of the sole owner or partners			
Total number of employees in the whole organization or group of organizations		Number of employees involved in area(s) seeking accreditation	

**Please attach an organogram of your organization indicating the structure of the sections/units/areas to be accredited and their relation to the rest of the organization.**

Has the organization ever been accredited before?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
If yes state name of accreditation body		
Does the organization have an established formal management system?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
If yes state standard upon which system is based		
How long has this system been in operation?		
What training has been provided for the implementation and maintenance of the system		
To whom has the training been provided for?		
List the permanent employed qualified personnel <i>(please add separate sheet where required)</i>		
Name	Scope of qualification (registration)	Registration number (if applicable)

<b>PART 3: INFORMATION ON SENIOR STAFF</b>			
<i>For each staff member having responsibility for a product or service for which application is sought, please give the following details. This includes the Quality Manager and Technical Manager, where applicable.</i>			
Name		Position	
Area of responsibility		No. of staff supervised in area	
Qualifications, experience and training:			
Name		Position	
Area of responsibility		No. of staff supervised in area	
Qualifications, experience and training:			
Name		Position	
Area of responsibility		No. of staff supervised in area	
Qualifications, experience and training:			
Name		Position	
Area of responsibility		No. of staff supervised in area	
Qualifications, experience and training:			
Name		Position	
Area of responsibility		No. of staff supervised in area	
Qualifications, experience and training:			
Name		Position	
Area of responsibility		No. of staff supervised in area	
Qualifications, experience and training:			

PART 4: SCOPE OF APPLICATION																				
<p><b>List all the parameters for which you seek accreditation</b></p> <p><b><i>Important Note:</i></b> Accreditation is only granted for a specific scope for which an organization can prove it has the need, the competence, therefore, the general field of inspection, the type and range of inspection, the standards/code or specifications containing the requirements against which the inspection will be performed and where applicable, the regulations accurately and unambiguously stated in the pro-forma schedule below.</p>																				
Permanent Address of Inspection Body     Tel : Fax : Email :	Postal Address																			
<p><b>Facility Representative</b></p> <p style="text-align: right;">Signatories: ( As defined in SADCAS TR 03)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">           Quality Manager: _____  <div style="text-align: center;"><i>Name</i></div> </td> <td style="width: 5%; text-align: center; padding: 5px;">1.</td> <td style="width: 45%; padding: 5px;">           _____  <div style="text-align: center;"><i>Name</i></div> </td> </tr> <tr> <td style="padding: 5px;">           _____  <div style="text-align: center;"><i>Signature</i></div> </td> <td></td> <td style="padding: 5px;">           _____  <div style="text-align: center;"><i>Signature</i></div> </td> </tr> <tr> <td style="padding: 5px;">           Technical Manager: _____  <div style="text-align: center;"><i>Name</i></div> </td> <td style="text-align: center; padding: 5px;">2.</td> <td style="padding: 5px;">           _____  <div style="text-align: center;"><i>Name</i></div> </td> </tr> <tr> <td style="padding: 5px;">           _____  <div style="text-align: center;"><i>Signature</i></div> </td> <td></td> <td style="padding: 5px;">           _____  <div style="text-align: center;"><i>Signature</i></div> </td> </tr> <tr> <td></td> <td style="text-align: center; padding: 5px;">3.</td> <td style="padding: 5px;">           _____  <div style="text-align: center;"><i>Name</i></div> </td> </tr> <tr> <td></td> <td></td> <td style="padding: 5px;">           _____  <div style="text-align: center;"><i>Signature</i></div> </td> </tr> </table>			Quality Manager: _____ <div style="text-align: center;"><i>Name</i></div>	1.	_____ <div style="text-align: center;"><i>Name</i></div>	_____ <div style="text-align: center;"><i>Signature</i></div>		_____ <div style="text-align: center;"><i>Signature</i></div>	Technical Manager: _____ <div style="text-align: center;"><i>Name</i></div>	2.	_____ <div style="text-align: center;"><i>Name</i></div>	_____ <div style="text-align: center;"><i>Signature</i></div>		_____ <div style="text-align: center;"><i>Signature</i></div>		3.	_____ <div style="text-align: center;"><i>Name</i></div>			_____ <div style="text-align: center;"><i>Signature</i></div>
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	3.	_____ <div style="text-align: center;"><i>Name</i></div>																		
		_____ <div style="text-align: center;"><i>Signature</i></div>																		
<b>Field of Inspection</b>	<b>Service rendered</b>	<b>Codes and regulations</b>																		
<b>e.g.</b> Regulatory: Periodic inspection and test of transportable gas cylinders	<b>e.g.</b> Statutory period inspection and seamless aluminium – alloy gas cylinder with a water capacity of 0 to 1500 litres	<b>e.g.</b> ISO 10461																		

Field of Inspection	Service rendered	Codes and regulations
<b>PART 5: DECLARATION</b>		
<b>Chief Executive Officer (CEO) or authorized official must authorize this form.</b>		
The following is enclosed (please tick as appropriate)		
Copy of the Quality Manual	Application Fee: Transfer order placed (please attach banking information on transfer)	
Other documentation <b>SEE NOTE 1</b> (Specify any attachment to the application form and/or tick below)		
<b>NOTE 1</b>		<b>Tick</b>
Documentation to be submitted prior to document review:		
a) Duly completed Application Form		
b) Copy of the relevant authorized method(s)		
c) Completed Application for Approval of Personnel [SADCAS F 43(f)]		
d) Signed SADCAS Accreditation Agreement [SADCAS F 44]		
e) Proposed assessment dates (for scope extensions only)		
<b>Note:</b> Applications for scope extensions should be made six (6) weeks in advance prior to the scheduled assessment.		

Upon accreditation, my organization commits to continually fulfil the the SADCAS accreditation requirements and procedures and any other obligations of the CAB.

I enclose a copy of the Quality Management System Manual and completed checklists.

I enclose an application fee. I understand that this fee is not refundable.

I understand the manner in which the accreditation system operates and its functions. SADCAS does not accept any responsibility for the actions, or the results of any actions, of an accredited organization. I, the undersigned, agree, as the authorized officer of the applicant independent entity that any liability of SADCAS which may arise due to negligence related to any accreditation is limited to a refund of the annual fee payable by the organization.

I declare that the information given in this application is both correct and accurate to the best of any knowledge and belief. I undertake to inform SADCAS timeously of any changes with respect to the application and accept full responsibility for any costs incurred as a result of any changes not reported to SADCAS timeously.

<b>Signed and stamped</b>	
<b>Name</b> <i>(print)</i>	
<b>Position</b>	
<b>Date</b>	