



CAB Ref. no.					
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UKASL Application form for Accreditation

(All applicants shall fill part 1 & part 3 while part 2 will be filled according to each of their specific scheme ex. ISO/IEC 17025, 17020, 17065, 17043, 17024 ,)

Part 1. General Information:

<input type="checkbox"/> Initial accreditation
<input type="checkbox"/> Re-accreditation (re-assessment)
<input type="checkbox"/> Extension of accreditation
<input type="checkbox"/> I wish this application to be processed now (which may require an extra visit by UKASL)
<input type="checkbox"/> I wish this application to be processed with my next assessment/reassessment visit.

Instructions:

1. Your application cannot be processed unless attached with the required document in Soft or/and Hard copies.
2. Applicant understand and accept that an assessment fee will normally be charged in accordance to UKASL regulation.
3. This application must be completed in full and returned to UKASL with a copy of each of

Information / Documentation	Required for		
	Initial Applicat ion	Extensio n Applicat ion	Renewal of Accrediat tion
1. Fully filled signed application form.	Yes	Yes	Yes
2. CAB legal entity evidence (please enclose proof of structure and legal status, e.g. certificate of registration, commercial register)	Yes	Yes	Yes
3. Signed agreement (2 original copies).	Yes	No	Yes
4. SASL relevant assessment checklist report.	Yes	Yes	Yes
5. Standard (international / national / in house / non standard) used by laboratory.	Yes	Yes	Yes
6. The applicant's quality system documentation and (quality manual if any).	Yes	Yes	Yes
7. Copy of the relevant associated method(s).	Yes	Yes	Yes
8. Information regarding active participation with a successfully result of in a proficiency testing scheme.	Yes	Yes	Yes
9. A Proficiency testing plan covering all activities and a calibration plan covering the standard equipments used in the process.	Yes	Yes	Yes
10. Procedure for validation/verification of methods and validation data for tests requiring accreditation.	Yes	Yes	Yes
11. Detailed job description of applicant personnel seeking accreditation.	Yes	Yes	Yes
12. Risk analysis for confidentiality, impartiality & technical activities.	Yes	Yes	Yes

Note: Incomplete applications cannot be processed by UKASL

4. Additional information may be provided on additional copies of the applicable sheets where the spaces provided are insufficient.
5. Additional advice or information may be obtained by contacting the relevant UKASL accreditation manager as displayed on UKASL website.
6. Granting accreditation will be subject to the applicant entity fully complying with the accreditation criteria, UKASL accreditation requirements and UKASL regulation.
7. The applicant is specifically advised to read relevant UKASL information pack. Before applying for accreditation.



8. UKASL will issue an invoice once this application form is processed. Evidence of payment will be required prior to proceeding with evaluation of application.
9. If the applicant does not receive an acknowledgement of receipt of this form within 1 month of dispatch, please contact UKASL relevant accreditation manager.
10. For initial applicant, its application remains valid for 6 months from the date of receipt of the application if there is no response or no ongoing response during the accreditation process from this applicant.
11. Applications for renewal of accreditation (re-assessment) should be submitted to UKASL at least six (6) months prior to the expiry of accreditation certificate.

Information about CAB:

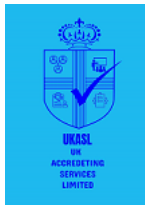
CAB Name			
CAB Organization			
CAB Address (in English)			
CAB Address (in Arabic for Arabian countries)			
City & Country		PO box / Code	
Website		E-Mail	
Telephone		Fax	
Contact person Name		Title	
Position		E-Mail	
Tel./Mob.		Fax	
Parent Organization			
Address			
City & Country		PO box / Code	
Website		E-Mail	
Telephone		Fax	
Address where invoice to be sent (if different from CAB address)			
Fax		PO box / Code	E-Mail

Information about ownership (Legal status of your organization): please tick the appropriate box

<input type="checkbox"/> Owned by an individual	<input type="checkbox"/> Part of an academic institution
<input type="checkbox"/> Owned by a private company/ partnership	<input type="checkbox"/> Part of learned / technical institution
<input type="checkbox"/> Owned by a public body / nationalized industry	<input type="checkbox"/> Owned by public limited company
<input type="checkbox"/> National / governmental organization	<input type="checkbox"/> Other (Please describe):

Description of the main activities of the organization seeking accreditation:

Total no. of employees	
------------------------	--



Number of employees involved in area(s) seeking accreditation	
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(*). Attach an organization chart indicating the structure of the areas to be accredited and their relation to the rest of the organization.

Indicate exactly how the name of your CAB appears on the accreditation certificate:

In English	
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Determine the field of the organization seeking accreditation:

<input type="checkbox"/> Testing Laboratory ISO/IEC 17025	<input type="checkbox"/> Calibration Laborator ISO/IEC 17025	<input type="checkbox"/> Medical Laboratory ISO 15189
<input type="checkbox"/> Inspection Body ISO/IEC 17020	<input type="checkbox"/> MS Certification Body ISO/IEC 17021-1:2015	<input type="checkbox"/> Proficiency Testing Provider ISO/IEC 17043
<input type="checkbox"/> Product Certification Body ISO/IEC 17065	<input type="checkbox"/> Person Certification Body ISO/IEC 17024	<input type="checkbox"/> Forensic Service Provider ISO/IEC 17025 and/or ISO/IEC 17020
<input type="checkbox"/> Halal Certification Body UAE.S 2055-2 (Fill section 2.10)		

Internal Audit and Management Review

Last internal audit report	
Last management review report	

Information on Senior Staff

Name and position (Director level) of person authorizing this application

Name			
Position		Title	

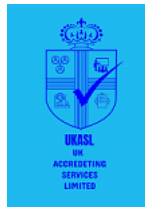
Technical/Scheme Manager

Name	
Technical Qualifications	
Relevant Experience	
Position within the organization	

Quality Manager:

Name	
Qualifications	
Relevant Experience	

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Position within the organization	
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local regulation:
Please mention the current regulation / law that related to your organization activities according to the following table:

Name of the regulation / law	Issue date	Item(s) related to the applied scope of accreditation

(*) Please submit a copy of that regulation / decree / law.

Other Accreditation / Certifications: (including *UKASL* accreditation)

Name & address of Accreditation / certification body	Scope of accreditation / certification	Period of accreditation/certification	
		Start date	Expiry date

Applicant:-

Is there a local accreditation body?			Yes	No
Is local accreditation body is independent board?			Yes	No
Does the local accreditation body offer the required scope?			Yes	No
Do you permit:				
That <i>UKASL</i> informs the local accreditation body about your application and the development of the accreditation process?			Yes	No
That the local accreditation body may send an observer to join the assessment?			Yes	No
That the local accreditation body may send (an) assessor/s (joint assessment for a dual accreditation)?			Yes	No
Considering the questions above, what are the reasons for choosing <i>UKASL</i> instead of the local accreditation body?			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>



Part 2. Filled individually for each scheme applicant:

For Testing Laboratory Applicant:

Field for which accreditation is sought: (Please tick the appropriate boxes)	
<input type="checkbox"/> Chemical Analysis	<input type="checkbox"/> Microbiology, Hydrobiology & Toxicity
<input type="checkbox"/> Civil Engineering and Materials Testing	<input type="checkbox"/> Electrical & Electronics
<input type="checkbox"/> Environmental including Ambient Air Monitoring	<input type="checkbox"/> Heat & Temperature
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Non-destructive
<input type="checkbox"/> Optics and Radiometry	<input type="checkbox"/> Veterinary
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Others*
* For others: Please, write the field:	

Scope of testing for which accreditation is sought:		
Materials / Product Tested	Types of test / properties Measured Range of Measurement	Standard Specifications/Techniques used

List the major items of equipment currently used for the types of test:	
Description of equipment (Include Manufacturer, Model & Serial number/Code number)	Range/ Capacity of equipment and other relevant information

Please indicate the type of calibration for the testing lab equipment:	
<input type="checkbox"/> External Calibration	<input type="checkbox"/> Internal Calibration
* In case of internal calibration for equipment used, please fill in the following two tables for the scope of the internal calibration:	

Please indicate the type of calibration sites	
<input type="checkbox"/> Customers premises	<input type="checkbox"/> Mobil facilities
<input type="checkbox"/> The locations of temporary sites	<input type="checkbox"/> Collection sites (premises that only collect sample)
<input type="checkbox"/> Other	

Measured Quantity	Range	Calibration & Measurement Capability (\pm) Uncertainty	Brief Description of Measurement and Equipment Used



For Calibration Laboratory Applicant:

Field for which accreditation is sought: (Please tick the appropriate boxes)

<input type="checkbox"/> Accelerometer	<input type="checkbox"/> Acoustics	<input type="checkbox"/> Chemical	<input type="checkbox"/> Density
<input type="checkbox"/> Dimensional	<input type="checkbox"/> Electrical	<input type="checkbox"/> Fiber Optics	<input type="checkbox"/> Flow
<input type="checkbox"/> Force	<input type="checkbox"/> Hardness	<input type="checkbox"/> Humidity	<input type="checkbox"/> Mass
<input type="checkbox"/> Optical	<input type="checkbox"/> Pressure	<input type="checkbox"/> Radiological	<input type="checkbox"/> Temperature
<input type="checkbox"/> Torque	<input type="checkbox"/> Ultrasonic	<input type="checkbox"/> Viscosity	<input type="checkbox"/> Volume
<input type="checkbox"/> Other (please describe) :			

Scope of calibration for which accreditation is sought:

Measured Quantity	Range	Calibration & Measurement Capability* (±)

List the major items of equipment currently used for the types of calibration:

Description of equipment (Include Manufacturer, Model & Serial number / Code number)	Range / Capacity of equipment and other relevant information

Please indicate the type of calibration for the calibration lab equipment:

<input type="checkbox"/> External Calibration	<input type="checkbox"/> Internal Calibration
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* In case of internal calibration for equipment used, please fill in the following two tables for the scope of the internal calibration:

Please indicate the type of calibration sites

<input type="checkbox"/> Customers premises	<input type="checkbox"/> Mobil facilities
<input type="checkbox"/> The locations of temporary sites	<input type="checkbox"/> Collection sites (premises that only collect sample)
<input type="checkbox"/> Other	

Measured Quantity	Range	Calibration & Measurement Capability (±) Uncertainty	Brief Description of Measurement and Equipment Used



For Medical Laboratory Applicant:

Field for which accreditation is sought: (Please tick the appropriate boxes)	
<input type="checkbox"/> Chemical pathology/Clinical Biochemistry	<input type="checkbox"/> Clinical Pathology
<input type="checkbox"/> Hematology and Immunohematology	<input type="checkbox"/> Microbiology and serology
<input type="checkbox"/> Immunology	<input type="checkbox"/> Clinical Cytogenetics and Molecular Biology
<input type="checkbox"/> Anatomic pathology	<input type="checkbox"/> Blood Banking and Transfusion medicine
* For others: Please, write the	

Details of primary sample collection facilities: Please mention clearly with full addresses the primary sample collection facilities.		
S	Primary sample collection facility	Address

Laboratory Branches: Does the Laboratory have branches?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please mention clearly with full addresses the laboratory branches within the accreditation scope.	
Branch	Address

Do the laboratory branches have separate management systems?	
<input type="checkbox"/> Yes (branches should apply for accreditation with separate applications)	
<input type="checkbox"/> No (Please specify the scope of each branch in the following tables)	

List of medical scopes and major items of equipment currently used:		
Sample Type	Discipline / Types of Tests	Standard Specifications / Techniques Used / Equipment
	(Department)	
	(Name of test)	(Method name and Reference) (Equipment name and SN)

Please indicate the type of calibration for the medical lab equipment:	
<input type="checkbox"/> External Calibration	<input type="checkbox"/> Internal Calibration
* In case of internal calibration for equipment used, please fill in the following two tables for the scope of the internal calibration:	

Please indicate the type of calibration sites	
<input type="checkbox"/> Customers premises	<input type="checkbox"/> Mobil facilities
<input type="checkbox"/> The locations of temporary sites	<input type="checkbox"/> Collection sites (premises that only collect sample)
Other	



Measured Quantity	Range	Calibration & Measurement Capability (\pm) Uncertainty	Brief Description of Measurement and Equipment Used

For Inspection Body Applicant:

Field for which accreditation is sought: (Please tick the appropriate boxes)

<input type="checkbox"/> Glass and ceramics Industries	<input type="checkbox"/> Health care technology	<input type="checkbox"/> Natural sciences	<input type="checkbox"/> Services
<input type="checkbox"/> Mechanical systems & Components	<input type="checkbox"/> Metrology and measurement	<input type="checkbox"/> Environment. Safety	<input type="checkbox"/> Testing
<input type="checkbox"/> Fluid systems & Components	<input type="checkbox"/> Manufacturing Engineering	<input type="checkbox"/> Energy and heat transfer	<input type="checkbox"/> Electrical Engineering
<input type="checkbox"/> Generalities. Standardization. Documentation	<input type="checkbox"/> Domestic and commercial equipment. Entertainment. Sports	<input type="checkbox"/> Information technology. Office machines	<input type="checkbox"/> Image technology
<input type="checkbox"/> Construction materials and Building	<input type="checkbox"/> Road vehicles engineering	<input type="checkbox"/> Railway Engineering	<input type="checkbox"/> Paper technology
<input type="checkbox"/> Material handling equipment	<input type="checkbox"/> Packaging and distribution of goods	<input type="checkbox"/> Textile and leather technology	<input type="checkbox"/> Clothing industry
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Food Technology	<input type="checkbox"/> Chemical technology	<input type="checkbox"/> Metallurgy
<input type="checkbox"/> Petroleum and related technologies	<input type="checkbox"/> Telecommunications. Audio and video	<input type="checkbox"/> Wood technology	<input type="checkbox"/> Electronics
<input type="checkbox"/> Rubber and plastic Industries	<input type="checkbox"/> Shipbuilding & marine structure	<input type="checkbox"/> Paint and color industries	<input type="checkbox"/> Jewellery
<input type="checkbox"/> Civil engineering	<input type="checkbox"/> Mining and minerals	<input type="checkbox"/> Other (please describe):.....	

Scope of inspection for which accreditation is sought:

Field of Inspection such as: product design, products (specified as materials or equipment) Installations, plant, premises, processes, services and Surveys	Type and Range of Inspection e.g. In-service inspection or inspection of new products	Methods and Procedures such as: EC directives, regulations, standards, specifications, internal procedures

For whom does the inspection body undertake inspection?

<input type="checkbox"/> Own organization	<input type="checkbox"/> Parent organization	<input type="checkbox"/> Other organization
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What do you consider to be the type of your Inspection Body, as defined in ISO/IEC 17020?

<input type="checkbox"/> Type A	<input type="checkbox"/> Type B	<input type="checkbox"/> Type C
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Do you perform inspection Globally ?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes state the countries in which inspections Performed	

Please indicate the type of calibration for the inspection body equipment:

<input type="checkbox"/> External Calibration	<input type="checkbox"/> Internal Calibration
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* In case of internal calibration for equipment used, please fill in the following two table for the scope of the internal calibration:



Please indicate the type of calibration sites	
<input type="checkbox"/> Customers premises	<input type="checkbox"/> Mobil facilities
<input type="checkbox"/> The locations of temporary sites	<input type="checkbox"/> Collection sites (premises that only collect sample)
<input type="checkbox"/> Other	

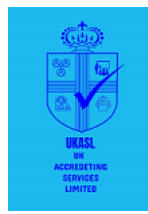
Measured Quantity	Range	Calibration & Measurement Capability (\pm) Uncertainty	Brief Description of Measurement and Equipment Used

For Management Systems Certification Body Applicant:

Identify the management system certification scheme(s) for which accreditation is sought:			
Certification area	Scope		Geographical Areas (countries)
QMS- ISO 9001 supplementary accreditation standard for this certification area is ISO/IEC 17021-3			
EMS- ISO 14001 supplementary accreditation standard for this certification area is ISO/IEC 17021-2			
OH SMS - ISO 45001 supplementary accreditation standard for this certification area is ISO/IEC TS 17021-10:2018			
FSMS - ISO 22000 supplementary accreditation standard for this certification area is ISO/TS 22003	FSMS subcategory according to Table A.1 - Food chain categories OF ISO/TS 22003 :2013		
FSSC 22000 supplementary accreditation standard for this certification area is ISO/TS 22003	FSSC subcategory According to FSSC 22000 scheme V. 5	Normative documents	
EnMS - ISO 50001 supplementary accreditation standard for this certification area is ISO 50003	EnMS Technical areas according to ISO 50003		
	Technical Area	Description of technical areas for EnMS	
MDQMS - ISO 13485 supplementary accreditation standard for this certification area is MD 9	Main Technical Areas	Technical Areas	Product Categories Covered by the Technical Areas
ISMS - ISO 27001 Supplementary			

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Identify the management system certification scheme(s) for which accreditation is sought:		
Certification area	Scope	Geographical Areas (countries)
accreditation standard for this certification area is ISO/IEC 27006		
Educational organizations -MS ISO 21001		
Supply chain security Management Systems according to ISO 28001 supplementary accreditation standard for this certification area is ISO 28003		
Other state:		



For Proficiency Testing Provider Applicant:

Handling of Main Activities:

Mention in the following table all information regarding activities done, done by whom, Where they are done and contact details, providing that your organization (PTP) undertakes the full responsibility:

Activity / Services	Done by		Collaborator/ Sub-contractor Location/ Contact details	Accreditation/ Certification held including UKASL accreditation
	PTP	Collaborator / Sub-contractor		
Select appropriate proficiency testing items				
Plan the PT scheme				
Perform sampling				
Conduct measurements to determine stability and homogeneity				
Determine assigned values and associated uncertainties of the measurands				
Prepare, handle, packaging, labeling and distribution of proficiency test items				
Provide instructions for participants				
Operate the data processing system				
Develop statistical design				
Conduct statistical analysis				
Evaluate the performance of proficiency testing scheme participants				
Give opinions and interpretations				
Authorize the issue of proficiency testing report				

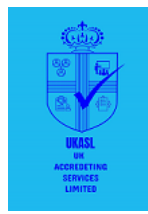
Collaborators / Subcontractors Information:

Please complete this table for all collaborator/subcontractors with which the proficiency testing provider has formal arrangements for the production, testing, measurement, sampling, storage, and distribution of the PT materials/samples or measurement artifacts, and for data processing.

Subcontractor / Collaborator Name and address	Accreditation held (if applicable)	Activities/services rendered

Scope of proficiency testing for which accreditation is sought:

Sample/ Artifact Sample	Tests/ Properties measured	Scheme Title/ Type	Frequency



For Product Certification Body Applicant:

Conformity evaluation in the field (product, process and/or service groups):

The certification schemes, standards or normative documents:

Scope of product, process and/or service groups for which accreditation is sought (conformity assessment procedures to be accredited):	
Product (s) / Product Group (s)	Certification Standard / Scheme

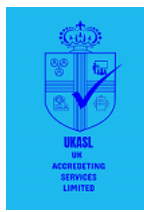
General information		
Is the certification body already accredited by another accreditation body (including abroad)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has an application for accreditation been made to another accreditation body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the answer is yes fill the following:		
Name of the accreditation body		
Date of application		
Fields of conformity evaluation which are accredited or for which accreditation has been applied:		

Approvals and other recognitions of the certification body:

Documented structure to safeguard impartiality	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who are the stakeholders represented in this structure (committee)?		

Staff of the certification body		
Number of	Staff	Other staff (part-time workers)
Persons with university education		
Persons with technical school education		
Persons trained in quality management		

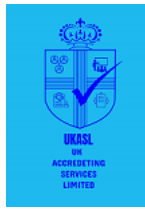
Certification procedures
What are the rules and procedures of certification for the fields of conformity listed in the application?
Are the proposed certification systems for accreditation described by own procedure and administration rules?



Does the certification body have special departments, groups or technical committees responsible for determined fields of certification?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Information on the special field (name, address):				
Does the certification body itself carry out tests of products, processes and services in the fields of certification applied for?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an accreditation of the testing laboratories of the certification body?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
By which accreditation bodies?				
Fields of testing:				
Does the certification body itself carry out the surveillance of products, processes and services in the fields of certification applied for?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who are the subcontractors for surveillance visits?				
Which testing laboratories work for the certification body?				
Name / Identification		Test fields		Accredited by
In the case of non-accredited subcontractors, in which way does the certification body make sure that it complies with the requirements of the concerning international documents (e.g. ISO/IEC 17025)?				

Quality system				
Does the certification body have a quality manual?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has a quality manager been appointed			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, name				
To ensure the compliance with the criteria of the standard ISO/IEC 17065, are there Internal audits and repetitive checks?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Where are they documented?				
Which arrangements are made to ensure confidentiality?				
Is there a procedure for handling of complaints against decisions of the certification body?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

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For Person Certification Body Applicant:

Does the applying organization/ certification body operate additional locations / test centres:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Locations of the applicant organization/ certification body:					
Address		PO box / Code:		City	
Address		PO box / Code:		City	
Address		PO box / Code:		City	
Address		PO box / Code:		City	

* Org. chart/s: Please attach the organisational structure of the certification body and, where relevant, the structure within an organisation.

Identify the certification scheme for persons for which accreditation is sought:

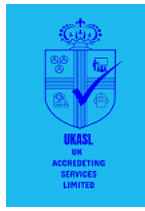
General information		
Is the certification body already accredited by another accreditation body (including abroad)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has an application for accreditation been submitted to another accreditation body?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 UKASL already sent a quotation to the certification body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate the reference number (if available)		

Documented structure to safeguard impartiality	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please provide details of the membership of the governing board / impartiality committee and the interests they represent:		

Staff of the applying organisation /certification body		
Number of:	Staff	Other staff(part-time employees)
Persons with university education		
Persons with technical school education		
Persons trained in quality management		

Certification Scheme
Accepted personal certification scheme including quality procedures for verification and certification, quality manual:

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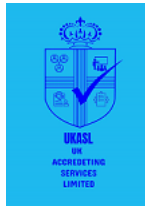


Owner / authors of the personal certification scheme (if different from applicant organization/ certification body):

Interested parties represented in the scheme (scheme committee):
Is the scheme nationally / internationally accepted within the industry?

Quality system		
Do the applicant organization / the certification body comply with any standard for quality system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which one		
Has a quality manager been appointed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, name		
Is there a documented system for internal quality audits to ensure the compliance with ISO 17024?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reference document		
Are there documented procedures to ensure confidentiality?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reference document		
Are there procedures regarding the misuse of certificates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reference document		
Is a description of the certification system available in published form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reference document		

Scope of application				
S	Certification Scheme for Persons	Sector		Method & Level



For Forensic Service Provider Applicant:

The forensic services applies for accreditation in accordance with:	
<input type="checkbox"/> ISO/IEC 17025	<input type="checkbox"/> ISO/IEC 17020

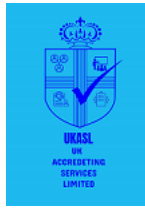
Field for which accreditation is sought: (Please tick the appropriate boxes)		
<input type="checkbox"/> Handwriting and Document Examination	<input type="checkbox"/> Vehicles and Vehicle Accident Investigation	<input type="checkbox"/> Firearms and ballistics
<input type="checkbox"/> Audio and Video /Computer Analysis	<input type="checkbox"/> Controlled/non-controlled Substances	<input type="checkbox"/> Forensic Medicine
<input type="checkbox"/> Marks and Impressions	<input type="checkbox"/> Hairs, Blood, Body Fluids and Tissues	<input type="checkbox"/> Toxicology
Others*:		
* For others: Please, write the field (major disciplines)		

Sampling that you carry out of sites		
Please indicate separately any Tests or Sampling that you carry out of sites, or in temporary or mobile facilities and complete all columns of the form below for such work. Your quality system and procedures must clearly indicate how you ensure that such work carried out away from your permanent premises meets the requirements of the standard.		
Type of test / sample	Temporary / Mobile	Organization

List of forensic tests and methods of measurement currently used:				
Forensic service provider laboratory according to ISO/IEC 17025				
Discipline				
Physical Location	Materials / Sample Type	Method of Measurement	Standard Specifications / Techniques used	Description of Equipment (include Manufacturer, Model & Serial number/ Code number)

Forensic laboratory branches				
Does the Forensic Laboratory have branches?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		
If yes:				
Do the forensic laboratory branches have separate management systems?				
<input type="checkbox"/> Yes (branches should apply for accreditation with separate applications)				
<input type="checkbox"/> No (Please specify the scope of each branch in the following tables)				
Please mention clearly with full addresses the forensic laboratory branches within the accreditation scope:				
S	Branch Name	Branch Address	Branch Contact name	Contact information (Phone/mail)

Forensic service provider laboratory according to ISO/IEC 17020					
Major discipline					
Physical Location	Testing Categories / Subcategory	Component / Parameter or Characteristic Inspected	Inspection Method	Items Inspected	Key Equipment (SN) or Technology

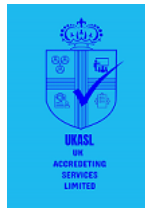


For whom does the inspection body undertake inspection?		
<input type="checkbox"/> Own organization	<input type="checkbox"/> Parent organization	<input type="checkbox"/> Other organization
What do you consider to be the type of your inspection body, as defined in ISO/IEC 17020?		
<input type="checkbox"/> Type A	<input type="checkbox"/> Type B	<input type="checkbox"/> Type C

Please indicate the type of calibration for the fornsic lab equipment:	
<input type="checkbox"/> External Calibration	<input type="checkbox"/> Internal Calibration
* In case of internal calibration for equipment used, please fill in the following two table for the scope of the internal calibration:	

Please indicate the type of calibration sites	
<input type="checkbox"/> Customers premises	<input type="checkbox"/> Mobil facilities
<input type="checkbox"/> The locations of temporary sites	<input type="checkbox"/> Collection sites (premises that only collect sample)
<input type="checkbox"/> Other	

Measured Quantity	Range	Calibration & Measurement Capability (\pm) Uncertainty	Brief Description of Measurement and Equipment Used



For Halal Certification Body Applicant:

Does CB has any other critical location(s) other than the main/ head office or branches where *key activities takes place then please specify the names of cities & countries where critical locations or branches are situated. Yes No

NO.	Location Type (such as Regional office, Branch, outsourced Location etc)	City & Country	*Key Activities carried out at this location

Note:*Key activities include:
Policy formulation, process and/or procedure development, proceedings of safeguarding impartiality committee/scheme committee, application & contract review, (approval of, selection of, handling of contractual agreements with&monitoring of auditors/examiners/inspectors), (planning of and review/approval & decision on the results of audits/examinations/inspections) and preparation, release & control of certificates, Final decision on appeals and complaints.

* Please attach the organizational structure that shows these locations.

Please list down the type, name(s) & location(s) of establishments under supervision of the organization (i.e. slaughterhouses, manufacturers, service providers,...etc.) which come under the scope of Halal certification:

No.	Type of Establishment *	Name of Establishments	Location/Address

* Type of establishment: for example, slaughterhouse, manufacturer, restaurant or other service providers, etc

List the names of the authorized persons for signing the Halal certificates:

No.	Name of the authorized persons for signing the halal certificates	Signature	Contact Details

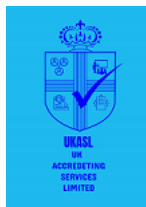
Insert stamp & logo used on halal certificates

Stamp	Logo

Islamic Affairs Expert

Name			
Mobile No.		E-mail	
Technical Qualifications			
Relevant Experience			
Position within the organization			

Other (Please state):
.....



Identify the Halal product/service categories for which accreditation is sought:				
Halal product/service categories according to Table A.1 of UAE.S 2055-2:2016.		Halal product/service/process and/or management system categories Table A.1 of OIC/SMIIC 2: 2019		Geographical Areas
Code	Categories	Category	Subcategory	
A	Farming 1 (Animals) Examples: Animals; fish; egg production; milk production; beekeeping; fishing; hunting; trapping	A Farming of animals.	A1: Farming of Animals for Meat/Milk/ Eggs/Honey	
			A2: Farming of Fish and Seafood	
B	Farming 2 (Plants) Example: Fruits; vegetables; grain; spices; horticultural products	B Farming of Plants.	B1: Farming of Plants (other than grains and pulses)	
			B2: Farming of Grains and Pulses	
C	Processing 1 (Perishable animal products)including all activities after farming, e.g. slaughtering Examples: Meat, poultry, eggs, dairy and fish products	C Food manufacturing.	C1: Halal slaughtering &Processing of perishable animal products	
			C2: Processing of perishable plant products	
			C3: Processing of perishable animal and plant products (mixed products)	
			C4: Processing of ambient stable products	
D	Processing 2 (Perishable vegetal products) Examples: Fresh fruits and fresh juices; preserved fruits; fresh vegetables; preserved vegetables	D Animal Feed production .	D1: Production of Feed	
			D2: Production of Pet Food	
E	Processing 3 (Products with long shelf life at ambient temperature) Examples: Canned products; biscuits; snacks; oil; drinking water; beverages; pasta; flour; sugar; salt	E Catering.		
F	Feed production Examples: Animal feed; fish feed	F Distributi on.	F1: Retail / Wholesale	
			F2: Food Broking / Trading	
G	Catering Examples: Hotels; restaurants	G Provision of transport and storage services.	G1: Provision of Transport and Storage Services for Perishable Food and Feed	
			G2: Provision of Transport and Storage Services for Ambient Stable Food and Feed	
H	Distribution Examples: Retail outlets; shops; wholesalers	H Services.	H1: Provision of services related to the safe production of food, including water supply, pest control, cleaning services, waste disposal.	
			H2: Financial services	
			H3: Muslim friendly tourism and travel related services	
I	Services Examples: Water supply; cleaning; sewage; waste disposal; development of product, process and equipment; veterinary services	I Production of food packaging and packaging material.		
J	Transport and storage Examples: Transport and storage	J Equipment manufacturing.		

K	Equipment manufacturing Examples: Process equipment; vending machines	K	Production (Bio) chemical.	
L	(Bio)chemical manufacturing Examples: Additives; vitamins; pesticides; drugs; fertilizers; cleaning agents; bio cultures	L	Other materials manufactur ing	L1: Cosmetics
				L2: Textile and textile products
				L3: Leather and leather products
M	Packaging material manufacturing Example: Packaging material		L4: NEC (Not elsewhere classified)	

Part 3. Declaration by the applicant

Declaration:
- I declare that I am authorized, on behalf of the organization, to submit this application, and that the information contained herein is both correct and accurate to the best of my knowledge and belief.
- Upon accreditation the organization agrees to comply with UKASL requirements.
- I enclose a copy of the quality manual (if any), UKASL relevant Assessment Checklist Report ,relevant procedures, the application fees, and any needed documentation
- I understand the manner by which the accreditation system operates and functions.
- I agree to cooperate with the visit assessment team appointed by UKASL for examination of all relevant documents by them and their visits to those parts of the CAB which are part of the scope of the accreditation.
- I agree to comply with the accreditation procedures, pay all the costs for pre-assessment (if any), initial assessment, sequential assessment and re-assessment.

Position	Name	Date	Signe
Aplicant Representative			
UKASL Relative Accreditation Manager			
UKASL Relative Accreditation Director			