Thank you for your interest in applying to become an approved Accreditation Body (CB) with CSQ.

In order to process your application, we kindly request you to fill out all the applicable sections of this Application Form as completely and accurately as possible and to submit the required documentation to info@CSQCertification.com.

|  |  |
| --- | --- |
| Date of application |       |
| Application filled out by (Initial) |       |
| **SECTION 1: Contact Information** |
| **Certification Body General Information** |
| AB full name |       |
| AB short name (if applicable) |       |
| Site address(street, zip code, city, province, country) |       |
| Postal address(PO Box, zip code, city, province, country) |       |
| General phone number |       |
| Website |       |
| **Main contact person** |
| Full Name |       |
| Title |       |
| Email address |       |
| Business phone number |       |
| Cell phone number |       |
| **Second contact person** |
| Full Name |       |
| Title |       |
| Email address |       |
| Business phone number |       |
| Cell phone number |       |

|  |
| --- |
| **SECTION 2: AB Operation** |
| **Organization** |
| 1. Number of locations (offices) AB operates from |       |
| 2. Is the AB currently providing ISO/IEC 17065 Accreditation? If yes, how many per year? |       |
| 3. What other GFSI Schemes is the AB currently approved to provide ISO/IEC 17065 Accreditation for? |       |
| 4. Is AB members of IAF? (attach evidence) |       |
| 5. Is AB signatories to MLA? (attach evidence) |       |

|  |
| --- |
| **AB is active in which regions:** |
| Asia | [ ]  | Oceania | [ ]  |
| Africa | [ ]  | North America | [ ]  |
| Europe | [ ]  | Central/South America | [ ]  |

|  |
| --- |
| **SECTION 3: Approval (To be filled out by CSQ)** |
| **Review and Conclusions**  |
| **AB Approval** |
| Evidence of IAF membership and MLA signatures submitted and complete | [ ]    Yes     [ ]  No |
| Signed MoU between AB and CSQ | [ ]    Yes     [ ]  No |
| **Approval** | [ ]    Yes     [ ]   No. Reason (If no):       |
| **Reviewer Name/Date** |        |