# General information

This form has to be completed for an **application to grant, extend or renew an accreditation**. The application process is described in the procedure *P001 – Processing of applications regarding accreditation*.

**To grant or renew an accreditation, please attach form *F001D – Obligations for conformity assessment bodies* completed and signed to this application form.**

OLAS respects the confidentiality of the information provided in the questionnaire and attached documents.

The documents forming part of an accreditation file, excluding the certificates of accreditation and the accreditation scopes, cannot be transferred to third parties by OLAS without prior written agreement of the body, except within the framework of a legal enquiry or a procedure of mutual recognition. The OLAS does not advertise the existence of an accreditation application in any way.

**Please do not fill in the fields that have not changed since the last application form.**

In addition, the body is responsible to inform OLAS of any changes to the information provided in this form. All information given will be made available to all OLAS assessors for each assessment, as well as to the accreditation Committee assessing the accreditation file.

All relevant documents to the operation of OLAS are available on the website [portail-qualite.lu](https://www.portail-qualite.lu/).

This duly completed form must be deposited or sent by post or e-mail to the following address:

**Address: ILNAS**

**Office Luxembourgeois d'Accréditation et de Surveillance**

**South Lane Tower I**

**1, avenue du Swing**

**L-4367 Belvaux**

**Tél.: (+352) 2477 4360**

**Fax: (+352) 2479 4360**

**E-Mail:** [**olas@ilnas.etat.lu**](mailto:olas@ilnas.etat.lu)

# General information

## Identification of the company or the institution which controls the certification body

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| N° and street |  | | |
| City |  | | |
| Country |  | | |
| Postal code |  | | |
| Postal address |  | | |
| Name of legal representative |  | Position |  |
| Company name |  | | |
| Legal status |  | | |
| Trade register N° |  | | |
| Telephone |  | | |
| Fax |  | | |
| Website |  | | |
| E-Mail |  | | |

## Principal activities of the company or the institution

|  |
| --- |
|  |

## Is the company or institution part of a group?

|  |
| --- |
| If so, which one: |
|  |

## Does the company or the institution have any subsidiaries?

|  |
| --- |
| If so, which ones: |
|  |

# Information about the applying certification body

## Identification of the applicant body if different from the company or the institution

|  |  |
| --- | --- |
| Name |  |
| N° and street |  |
| City |  |
| Country |  |
| Postal code |  |
| Postal address |  |
| Telephone |  |
| Fax |  |
| Website |  |
| E-Mail |  |

## Personnel

|  |  |
| --- | --- |
| Applying bodies permanent staff or full-time equivalents |  |
| Applying bodies technical staff or full-time equivalents |  |

## Civil liability insurance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does your organization have a civil liability insurance? |  | YES |  | NO |
| If YES, please join a proof must to your application. | | | | |
| If NO, does your organisation disposes of sufficient financial reserves to cover the responsibilities resulting from its activities? |  | YES |  | NO |

## Reference language

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Your reference languages: |  | French |  | German |  | English |

## Principal activities of the applicant body if different from the company or institution

|  |
| --- |
|  |

## This application concerns

|  |  |
| --- | --- |
|  | standard ISO/IEC 17021-1 management certification body |
|  | standard ISO/IEC 17065 product, process or service certification body |

For:

|  |  |
| --- | --- |
|  | initial accreditation |
|  | a renewal of accreditation |
|  | an extension of the scope of accreditation |
|  | a new version of the standard |
|  | a transfer of the accreditation to a new legal entity |

## Locations where conformity assessment activities are carried out

|  |  |
| --- | --- |
|  | My body conducts conformity assessment activities on a territory other than that of the Grand-Duchy of Luxembourg (if so, please join the form F001E to your application) |

## Locations where activities are carried out (including any virtual sites)

For more information, please refer to the annex *A013 - Accreditation of multi-site organizations*. If any site it located in another country, the annex *A014 - Cross-frontier Accreditation is applicable*.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Your body conducts conformity assessment activities in more than one site: |  | YES |  | NO |
| Your body conducts auxiliary activities in more than one site: |  | YES |  | NO |
| If yes for any of the two cases above, please fill in form F001E and enclose it to your application. | | | | |

## Person in charge of the organization[[1]](#footnote-1)

|  |  |
| --- | --- |
| Full name |  |
| Position |  |
| Telephone |  |
| E-Mail |  |

## Contact person for OLAS[[2]](#footnote-2)

|  |  |
| --- | --- |
| Full name |  |
| Position |  |
| Telephone |  |
| E-Mail |  |

## List of accreditations or agreements issued by another authority, obtained or applied for, at national or international level

|  |
| --- |
| Please indicate the body that issued the accreditation or agreement, the domain of validity, the dates it was obtained and, when applicable, the expiry date as well as the date of the next surveillance. |
|  |

# Information relating to the application for accreditation

## Contracts of employment for personnel, auditors, inspectors, experts

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Please indicate the existence and number of inspectors with a shared employment contract or who are made available to carry out activities within other subsidiaries or bodies within the organisation: | | | | | | |
| Shared contract: |  | OUI |  | NON | If yes, number: |  |
| Made available |  | OUI |  | NON | If yes, number: |  |
| Please indicate the name of the subsidiary or body, the company name and its principal activities | | | | | | |
|  | | | | | | |

## Other activities of the personnel, auditors, inspectors, experts

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does your organization or personnel within your organization have links[[3]](#footnote-3) with organizations providing consultancy activities? |  | YES |  | NO |

|  |
| --- |
| If YES, provide a list of the organizations, with, for each of these, its legal status, address, and the general nature of the activity carried out (whatever this activity) |
|  |

# Documents to be attached to the application:

* 1 copy of the quality manual;
* evidences of competences concerning the requested technical domain
* proof of civil liability insurance, if applicable
* a copy of the accreditation certificate and the accreditation scope for an accreditation issued by a body other than that OLAS
* the number of certificates issued in the different requested domains listed by EA code

|  |  |  |  |
| --- | --- | --- | --- |
| Done at: |  | By: |  |
| On: |  |  |  |
|  |  |  | Signature[[4]](#footnote-4) |

# Accreditation scopes

For more information on how to establish your accreditation scope, please refer to the annex *A004 ‑ Models of accreditation scope*.

Also, please remove the appendices that do not concern you.

*Template of accreditation scope for a systems certification organization*

|  |  |  |  |
| --- | --- | --- | --- |
| Description: OLAS_MAIN_Logo | | | |
| **Organism:** |  | **Standard:** | ISO/IEC 17021-1 |
| **Contact:** |  | **Accreditation No:** |  |
| **Street:** |  | **Version:** |  |
| **Town:** |  |  | |
| **Country:** |  |
| **Telephone:** |  |
| **Fax:** |  |
| **E-mail:** |  |

|  |
| --- |
| **Accreditation scope for a systems certification body** |

|  |
| --- |
| **General domain:** (Please fill in one table for each general domain) |
| **Certification standard:** (e.g. ISO 9001:2015, ISO 14001:2015, etc) |
| **Technical domains:** |
|  |

**Scope validation:**

|  |  |  |  |
| --- | --- | --- | --- |
| Done at: |  | By: |  |
| On: |  |  |  |
|  |  |  | Signature[[5]](#footnote-5) |

*Template of accreditation scope for a products certification organization.*

|  |  |  |  |
| --- | --- | --- | --- |
| Description: OLAS_MAIN_Logo | | | |
| **Organism:** |  | **Standard:** | ISO/IEC 17065 |
| **Contact:** |  | **Accreditation No:** |  |
| **Street:** |  | **Version:** |  |
| **Town:** |  |  | |
| **Country:** |  |
| **Telephone:** |  |
| **Fax:** |  |
| **E-mail:** |  |

|  |
| --- |
| **Accreditation scope for a product certification body** |

|  |  |
| --- | --- |
| **General domain:** (Please fill in one table for each general domain) | |
| **Technical domains:** | |
| **Products or groups of materials** | | **Reference frames**   * standards-based, * regulations * European directives (+modules, annex, articles, if applicable) | |
|  | |  | |

**Scope validation:**

|  |  |  |  |
| --- | --- | --- | --- |
| Done at: |  | By: |  |
| On: |  |  |  |
|  |  |  | Signature[[6]](#footnote-6) |

*Template of accreditation scope for service providers for digitization and electronic archiving certification bodies:*

|  |  |  |  |
| --- | --- | --- | --- |
| Description: OLAS_MAIN_Logo | | | |
| **Organism:** |  | **Standard:** | ISO/IEC 17021-1 + ISO/IEC 27006 |
| **Contact:** |  | **Accreditation No:** |  |
| **Street:** |  | **Version:** |  |
| **Town:** |  |  | |
| **Country:** |  |
| **Telephone:** |  |
| **Fax:** |  |
| **E-mail:** |  |

|  |
| --- |
| **Accreditation scope for certification bodies certifying service providers for digitization and electronic archiving certification bodies** |

|  |
| --- |
| **General domain:** Certification of service providers for digitization and electronic archiving according to standards ISO 27001, ISO 27002 and technical rule |
| **Certification standard:** ISO 27001:2013, ISO 27002:2013 and Règlement grand-ducal du 21 septembre 2017 modifiant le règlement grand-ducal modifié du 25 juillet 2015 portant exécution de l’article 4, paragraphe 1er, de la loi du 25 juillet 2015 relative à l’archivage électronique |
| **Technical domains:** |
|  |

**Scope validation:**

|  |  |  |  |
| --- | --- | --- | --- |
| Done at: |  | By: |  |
| On: |  |  |  |
|  |  |  | Signature[[7]](#footnote-7) |

1. person who will contact OLAS in order to draw up and circulate documents of a contractual nature (declaration, scope of the application for accreditation, etc.) [↑](#footnote-ref-1)
2. person in contact with OLAS in relation to scheduling audits, exchanges of information and documents [↑](#footnote-ref-2)
3. the term link (guide EA/IAF-A4 4.2.1a) is understood to refer to the following in particular: participation in capital, participation in a body such as for example a board of directors or a surveillance board, making available personnel or shared personnel, use of an identical or similar name or one which is similar in terms of initials or logo, commercial agreement to promote and/or carry out communal actions, any agreement relating to a service provided on behalf of the organization, financing by means of a loan, grant or any other means (in particular: supply of certain resources free of charge). [↑](#footnote-ref-3)
4. signatory must be authorized to legally bind the organization [↑](#footnote-ref-4)
5. signatory must be authorized to legally bind the organization [↑](#footnote-ref-5)
6. signatory must be authorized to legally bind the organization [↑](#footnote-ref-6)
7. signatory must be authorized to legally bind the organization [↑](#footnote-ref-7)