|  |  |
| --- | --- |
| To be submitted in original by letter post to: | State Secretariat for Economic Affairs SECO  AFNT  Holzikofenweg 36  3003 Bern |

|  |
| --- |
| **Application for authorisation to accredit a Swiss conformity assessment body (CAB)** |

The following accreditation body applies for authorization to accredit a Swiss conformity assessment body according to the Accreditation and Designation Ordinance (Art. 38):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name : | …………………………………………………………………………………………………. | | | | |
| Street, Nr.: | . | | | | |
| Postcode / City / Country : | . | | | | |
| Phone: |  | | | | |
| General e-mail address of the company: …………………………………………………………………………... | | | |
| E-mail address of the recipient of the correspondence: ………………………………………………………….. | | | | |
| URL (Internet) address: ………………………………………………………………………………………………. | | | | |
| The organisation has its registered office in: ……………………………………………………………………… | |  | | | |
| Does it belong to a group, holding etc.? Yes No  If yes, which one? ………………………………………..………………………………………………………….. | | |

# Details of the CAB to be accredited

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organisation to be accredited | | |  | |
| Short name (abbreviation) | | |  | |
| Street, Nr. |  | | | |
| Postcode / City / Country |  | | | |
| Phone: |  | | | |
| General e-mail address of the company: | | | |  |
| URL (Internet) address: | |  | | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | Validierungs- und Verifizierungsstellen für Treibhausgas-Erklärungen |  |
|  |  |  |
|  | Proficiency testing provider | ISO/IEC 17043 |

**Please complete in block capitals**

# Full names of the assessors intended for this task (the authorisation also covers the assessors). In case of changes in the assessment team, the SAS must be informed in advance)

# Type of assessment (e.g. on-site evaluation in person or by video conference, document review, etc.), duration of the assessment activity and monitoring modalities

# The accreditation will be done on the basis of the following standard/s (please tick)

|  |  |  |
| --- | --- | --- |
|  | Testing laboratory | ISO/IEC 17025 |
|  |  |  |
|  |  |  |
|  | Medical laboratory | ISO 15189 |
|  |  |  |
|  | Calibration laboratory | ISO/IEC 17025 |
|  |  |  |
|  | Inspection body | ISO/IEC 17020 |
|  |  |  |
|  | Reference material manufacturer | ISO 17034 |
|  |  |  |
|  | Certification body for products | ISO/IEC 17065 |
|  |  |  |
|  | Certification body for persons | ISO/IEC 17024 |
|  | Certification body for management systems |  |
|  | ISO/IEC 17021-1 |
|  |
|  |  |  |
|  | Proficiency testing provider | ISO/IEC 17043 |
|  | Validation and verification | ISO/IEC 17029 |
|  | Biobanking | ISO 20387 |
|  |

# Scope of tasks for which the accreditation is to be issued

# Scope for which the accreditation is carried out:

**Testing laboratory - Medical laboratory**

|  |  |  |
| --- | --- | --- |
| **Products, substance group** | **Measuring principle** | **Procedure, facility** |
|  |  |  |
|  |  |  |

**Calibration laboratory**

|  |  |  |
| --- | --- | --- |
| **Measurand** | **Measuring range** | **Best possible measurement uncertainty** |
|  |  |  |
|  |  |  |

**Inspection body - Certification body**

|  |  |  |
| --- | --- | --- |
| **Standard / Guideline** | **Technical areas** | **Comments** |
|  |  |  |
|  |  |  |

**Reference material manufacturer**

| **Group of substances, matrix** | **Content range** | **Measuring uncertainty** | **Characterisation method** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

**Proficiency testing provider**

|  |  |  |
| --- | --- | --- |
| **Discipline / Product** | **Provisions** | **Name of the proficiency test** |
|  |  |  |
|  |  |  |

**OTHER…………….**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

# Geographical spread of conformity assessment activities

# Duration of the accreditation period

# Declarations by the accreditation body

The authorised signatory accepts that the authorisation can be subject to requirements or conditions and may be revoked at any time. In particular, he/she accepts that SAS must be informed 60 working days in advance in writing with an electronic signature to info@sas.ch of any planned assessment in Switzerland or abroad, including any changes in the composition of the assessment team, and grants the SAS the opportunity to participate in the assessment as an observer.

The undersigned acknowledges that all correspondence, with the exception of legally valid documents, may be sent by e-mail (without encryption).

|  |  |
| --- | --- |
| Place and date : | Name, first name, function authorised signatory(ies) |
|  | Signature: |
|  |  |
|  | Signature: |

# Assent by the conformity assessment body

The conformity assessment body ………………………………………….agrees to the application for approval to be accredited by the accreditation body ……………………………………………… The conformity assessment body agrees that the accreditation body sends reports and decisions of the accreditation to the SAS.

The conformity assessment body acknowledges that the authorisation can be subject to requirements or conditions and may be revoked at any time. In particular, he/she accepts that SAS must be informed 60 working days in advance in writing with an electronic signature to info@sas.ch of any planned assessment in Switzerland or abroad and grants the SAS the opportunity to participate in the assessment as an observer.

The conformity assessment body has taken note of the Ordinance on Fees of the State Secretariat for Economic Affairs in the Field of Accreditation (GebV-Akk) and undertakes to pay the applicable fees.

The undersigned acknowledges that all correspondence, with the exception of legally valid documents, may be sent by e-mail (without encryption).

|  |  |
| --- | --- |
| Place and date : | Name, first name, function |
|  | Signature: |
|  |  |
|  | Signature: |

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* INTERNAL PURPOSES \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

# Einwilliungserklärung SAS

Einverstanden

Abgelehnt

……………………………………………………….. ………………………………………………….  
Leiter SAS Ort, Datum

Bemerkungen:   
  
………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………