BELAC 6-201 Rev 19-2024



APPLICATION FORM

**This application relates to the following accreditation field(s)\*:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Calibration laboratory | EN ISO/IEC 17025:2017 | |
|  | Testing laboratory | EN ISO/IEC 17025:2017 | |
|  | Medical laboratory | EN ISO 15189:2022 | |
|  | Inspection body | EN ISO/IEC 17020:2012 | Type A |
| Type B |
| Type C |
|  | Certification body for management systems | EN ISO/IEC 17021-1:2015 | |
|  | Certification body for environmental management system | EN ISO/IEC 17021-1:2015 | |
|  | Environmental Verifier EMAS | EN ISO/IEC 17021-1:2015 and Regulation (EC) No 1221/2009 | |
|  | Validation and verification body | EN ISO/IEC 17029:2019 | |
|  | Certification body for products | EN ISO/IEC 17065:2012 | |
|  | Certification body for personnel | EN ISO/IEC 17024:2012 | |
|  | Proficiency testing provider | EN ISO/IEC 17043:2010 | |
|  | Reference materials provider | EN ISO 17034:2016 | |

This application relates to:

|  |  |  |
| --- | --- | --- |
|  | Pre-assessment (PA) |  |
|  | Initial assessment (IA) |  |
|  | 1rst surveillance assessment (1S) | with extension (1SE) |
|  | 2d surveillance assessment (2S) | with extension (2SE) |
|  | 3d surveillance assessment (3S) | with extension (3SE) |
|  | Renewal assessment (R ) | with extension (RE) |
|  | Extension assessment (E) |  |
|  | Other: |  |

**For use by BELAC secretariat only:**

|  |  |
| --- | --- |
| D-number |  |
| Identification code of the assessment |  |

**PART 1: IDENTIFICATION OF THE CONFORMITY ASSESSMENT BODY**

**The body**

**Identification of the conformity assessment body applying for accreditation**

|  |  |
| --- | --- |
| Name of the conformity assessment body |  |
| BELAC file number 1 |  |

*1 only in case the body is already accredited*

**The here above mentioned conformity assessment body has its own legal identity**

Yes *If yes: Please fill in the below table with the identification data relevant for this legal identity and then go to 1.1.3*

No *If no, go directly to 1.1.2*

|  |  |
| --- | --- |
| Address of the head office \* |  |
|  |
| Legal status of the body\* |  |
| Enterprise number  2\* |  |
| Address of the main location where the conformity assessment activities are performed 3\*  *(only if different from the address of the head office)* |  |
|  |
| Establishment number of the main location where the conformity assessment activities are performed |  |
| Internet site \* |  |
| Corporate e-mail address \* |  |
| Invoicing address | Name |
|  |
|  |

*:*

*2Only for bodies established in Belgium.*

*3In case the body operates conformity assessment activities from different sites, please give details under 1.1.3*

*\*These data will be made public on the BELAC website*

**1.1.2 The conformity assessment body has not its own legal identity but operates under the legal responsibility of a mother-organisation**

No see under 1.1.1

Yes *If yes: Please fill in the below table with the identification data of the mother-organization legally responsible for the activities and then go to 1.1.3*

|  |  |
| --- | --- |
| Name of the mother-organization \* |  |
| Address of the head office \* |  |
|  |
| Legal status of the body\* |  |
| Enterprise number  4\* |  |
| Address of the main location where the conformity assessment activities are performed 5\*  *(only if different from the address of the head office)* |  |
|  |
| Establishment number of the main location where the conformity assessment activities are performed |  |
| Internet site \* |  |
| Corporate e-mail address \* |  |
| Invoicing address | Name |

*4Only for bodies established in Belgium.*

*5In case the body operates conformity assessment activities from different sites, please give details under 1.1.3*

*\*These data will be made public on the BELAC website*

**1.1.3** **Does the applicant body operate or organize part of the activities concerned by the accreditation in or through several activity centers other than those mentioned under 1.1.1 and 1.1.2 (in Belgian or abroad) ?**

yes  no

*If yes, please mention in the following table the address and activities of all locations. The table may be copied as many times as necessary. Details will be presented in under §2 and in the work version of the* *accreditation scope.*

|  |  |
| --- | --- |
| Name of the activity center (when relevant) \* |  |
| Address6\* |  |
|  | Belgium  Other 6 |
| Establishment number |  |

|  |  |
| --- | --- |
| Name of the activity center (when relevant) \* |  |
| Address6\* |  |
| Belgium  Other 6 |
| Establishment number |  |

|  |  |
| --- | --- |
| Name of the activity center (when relevant) \* |  |
| Address6\* |  |
| Belgium  Other 6 |
| Establishment number |  |

|  |  |
| --- | --- |
| Name of the activity center (when relevant) \* |  |
| Address6\* |  |
| Belgium  Other 6 |
| Establishment number |  |

|  |  |
| --- | --- |
| Name of the activity center (when relevant) \* |  |
| Address6\* |  |
| Belgium  Other 6 |
| Establishment number |  |

|  |  |
| --- | --- |
| Name of the activity center (when relevant) \* |  |
| Address6\* |  |
| Belgium  Other 6 |
| Establishment number |  |

*6 Mention the country*

*7 For more information, see BELAC 1-04 (available from* [*www.belac.be*](file:///\\sng3dca\dfs-eco\E6\0110-BELAC\04_Q-Doc\20%20Ontwikkeling\06%20BELAC%206%20Accr\BELAC%206-201\www.belac.be)*)*

*\*These data will be made public on the BELAC website*

1. **Activities**
   1. **What are the main activity sectors of the applicant (including those not covered by the application for accreditation ?**

|  |
| --- |
|  |

**2.2 Sectors of activities covered by the application for accreditation**

|  |  |  |
| --- | --- | --- |
| **Accreditation standard** | **Activities 8** | **Activity center(s) 9+10** |
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*8 Please describe the activities preferably with reference to the fields and sib-fields identified in BELAC 6-017 (available from BELAC website www.belac.be)*

*9 Mention the activity centers as under 1.1.1, 1.1.2 and/or 1.1.3*

*10 Mention the activities concerned by the application for accreditation and performed outside Belgium but under full management of the Belgian location*

**2.3 Is accreditation mandatory for the activities for which accreditation if applied for (e.g. in the framework of a recognition or notification) ?**

yes  no

*If yes, please detail:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Accreditation is a prerequisite for :**  (recognition, notification, other) | | **Required by:**  (regulator) | **According to :**  (legislation or regulation) |
|  |  | |  |
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**2.4 Does the conformity assessment body perform calibration of critical measurement instruments (see BELAC 2-003)**

yes  no

*If yes, please detail the type of measuring instruments*

|  |
| --- |
| Type of measuring instrument: |

**2.5 Does the conformity assessment body systematically sub-contract activities to other bodies ?**

*If yes, please detail the parts of activities that are systematically sub-contracted*

|  |  |
| --- | --- |
| Identification of the activity | Sub-contracted part |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**2.6 Are dormant activities (cf BELAC 2-002 § 4.2.3 and 4.3.4) mentioned in the work version of the accreditation scope?**

yes  no

**Direction and contact person**

**Direction**

|  |  |
| --- | --- |
| Name |  |
| Function |  |
| Telephone |  |
| E-mail |  |

**Person in charge of the contacts with BELAC**

|  |  |
| --- | --- |
| Name \* |  |
| Function |  |
| Telephone \* |  |
| Cell phone |  |
| e-mail \* |  |

*\*These data will be made public on the BELAC website*

**Deputy person in charge of the contacts with BELAC**

|  |  |
| --- | --- |
| Name |  |
| Function |  |
| Telephone |  |
| Cell phone |  |
| e-mail |  |

**Management system (to be filled in only by already accredited bodies)**

**4.1 Were important modifications to the management system implemented since the previous BELAC assessment ?**

yes  no

*If yes, please describe briefly the modifications:*

|  |
| --- |
|  |

**4.2 Documentation of the management system**

Was the management system documentation updated since the previous BELAC assessment?

yes  no

*If yes, please describe briefly the modifications:*

|  |
| --- |
|  |

**5 Accreditation scope (to be filled in only by already accredited bodies)**

*A work version of the valid version(s) of the accreditation scope(s) is attached to this application form for update. Please include and identify clearly the amendments or requests for extensions and return the document by electronic mail to the BELAC secretariat, together with the application form.*

**5.1 Must the current version of the accreditation scope be updated?**

yes  no

*If yes, describe briefly the requested modifications for each accreditation standard:*

|  |  |  |
| --- | --- | --- |
| **Accreditation standard**  **(including version)** | **Modifications** | **Reasons for modifications 11** |
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*11 Possible motivations are (but not limited to) : extension, reduction, modification of standard / regulation / scheme / activity centers …..*

*In case of modification of an activity center, the address will be included under 1.13.*

*Detailed information will be included in the work version of the accreditation scope.*

**6 Organization** **(to be filled in only by already accredited bodies)**

**6.1 Were the key functions subject to modifications?**

yes  no

*If yes, please describe briefly the modifications:*

|  |
| --- |
|  |

**6.2 Was the volume of personnel the subject of significant changes ?**

yes  no

*If yes, please describe briefly the modifications:*

|  |
| --- |
|  |

**6.3 Were the premises or equipment the subject of modifications that may impact the performance of the accredited activities?**

yes  no

*If yes, please describe briefly the modifications:*

|  |
| --- |
|  |

Significant changes in terms of equipment and conformity assessment methods will be communicated by using the attached work version of the accreditation scope.

**Language used during the BELAC assessment**

*As a rule, the assessment will continue in the language used in the application form. However, should there be other requirements that BELAC has to take into account, please indicate this below:*

|  |
| --- |
|  |

**PART 2: ANNEXES AND INSTRUCTIONS FOR COMMUNICATION**

Complementary to the information included in the application form, the applicant is required to provide the following documents:

* List of activities covered by the application for accreditation: examples can be retrieved from the BELAC website ([www.belac.fgov.be](http://www.belac.fgov.be)) under “accredited bodies”*12*;
* Accreditation scope(s), under the form of the duly updated work documents (see part 2, point 2) including detailed lists of accredited activities (e.g. related to flexible scope)*13*;
* The main documents pertaining to the management system;
* List of the documents of the management system;
* For each accreditation standard, a cross-check table between the elements of the standard and the relevant documents of the management system;
* A list of staff members with their respective tasks and responsibilities;
* The evidence of payment of the fees *14*;
* Modules E of the previous assessment(s), with the completed sections “Corrective action actually taken'' (for type B non-conformities) and ''Evaluation of the effectiveness'' (for type A and B non-conformities) *15*

*12 Only in case of application for initial accreditation*

*13 Only for already accredited bodies*

*14 Only in case of application for initial accreditation. To be paid for each type of accreditation field (see BELAC 7-01)*

*15 Not applicable in case of applications for initial accreditation and/or extension(s)*

**INSTRUCTIONS FOR COMMUNICATION**

Please send back the form and the requested documents in zip file by electronic mail to the following address:

[belacdossiers@economie.fgov.be](mailto:belacdossiers@economie.fgov.be)

If the body is not yet accredited, please mention “new file: application for accreditation” as

concern message.

*For more information with respect to the use of this form, please contact the BELAC secretariat (phone : 02/2775434)*

**PART 3 : DECLARATION**

Sending this application form to BELAC through the e-mail address [belacdossiers@economie.fgov.be](mailto:belacdossiers@economie.fgov.be) (see part 2: instructions for application) is equivalent to a formal signing of the following declaration:

|  |  |
| --- | --- |
| Name |  |
| Function |  |
| Representing | (Name body) |

Duly mandated to act on behalf of the body that takes the legal responsibility of compliance to the accreditation requirements (17):

* declares to be informed of and to agree with the provisions ruling the operation of BELAC;
* commits himself to comply with the accreditation conditions;
* agrees to respect the accreditation procedure and especially to receive the audit team, to pay the fees regardless of the result / outcome of the assessment and to follow all the obligations of the follow-up programme for the maintenance of the accreditation;
* commits himself to take all necessary measures to allow BELAC to witness all type of activities when necessary for the good performance of the accreditation procedure;
* declares that he will inform BELAC without delay of each significant modification of his legal identity
* declares that he will inform BELAC without delay of each modification of organisational or technical nature which may impact the compliance with the accredition criteria and conditions and thereby accepts any evaluation that is connected with these changes;
* commits himself to behave in a way that doesn’t jeopardize the credibility of the accredited activities, even in case activities not covered by accreditation are concerned.

**(17) The accreditation requirements are fixed by**

the Royal Decree of 31 January 2006 creating BELAC (BELAC document 0-05)

the BELAC management system documents available from the BELAC website (www.belac.fgov.be)

|  |  |
| --- | --- |
| Date of completing/up date the application form |  |