APPLICATION FOR ACCREDITATION

PART 1: GENERAL

This form should be completed in full and returned to:

United Nations Framework Convention on Climate Change
(UNFCCC)
Attention: Mr. Kai-Uwe-Barani Schmidt
P.O. Box 260124
D-53153 Bonn
Germany

Tel: (49) 228 815 1612
Fax: (49) 228 815 1999
E-Mail: secretariat@unfccc.int

Please complete <u>ALL</u> applicable sections of the form in CLEAR PRINT or in type.

This form is available in electronic form. Please do not modify the form else than filling in cells provided for that purpose. Any form which was modified will not be recognized as a valid application. Should you have difficulties in filling the form, please contact the UNFCCC secretariat.

If you wish to complete and forward the form by e-mail, please note that the UNFCCC secretariat does not accept responsibility for breach of confidentiality of information or for the receipt of applications. All applications submitted by e-mail must be forwarded, duly signed, by mail.

Receipt of payment of the application fee shall be required prior to processing the application.

Note: If you do not receive an acknowledgement of receipt your application from the UNFCCC secretariat by e-mail or fax within three (3) weeks of dispatch you should contact the secretariat.

Organization	(Name, Acronym) English: Operational language of organization:		
Contact Person	Name, first name:	Title	
Position			
Physical Address			
		Tel	
Postal Address			
		Fax	
Mobile		E-mail	
Reference of scope applied for		Proposed new scope (indicate new name)	(Provide more detail in part 4 below)

TYPE OF ACCREDITATION SOUGHT

Initial Accreditation		Extension of scope of accreditation		Re-accreditation	
Other *(specify*					

PART 2: INFORMATION REGARDING YOUR ORGANIZATION			
Description of the main activities of the applicant operational entity. *Please underline those activities for which accreditation is sought.*			
If the applicant operational entity is owned by another organization or is part of a larger group of organizations or has branches/divisions at other locations, please give the following details:			
Name, address and contact information (Tel, Fax, E-mail) of: *(delete non applicable row(s)).*			
Parent organization:			
Other organizations in group/divisions:			
Branches at other locations			
Describe relationship and links between above-mentioned organizations and applicant operational entity seeking accreditation.			
What is the legal status of your organization?			
Total number of employees		Number of employees involved in area(s) seeking accreditation	
Attach an organigram indicating the structure of the areas to be accredited and their relation to the rest of the organization.			
Demonstrate that your organization together with its senior management and staff is not involved in any commercial, financial or other process which might influence its judgement or endanger trust in its independence of judgement and integrity in relation to its activities.			
Indication of status of the organization			
Have all potential sources of conflict of interest, whether within the applicant operational entity or from activities of the related bodies, been identified?			
Explain what measures have been taken to avoid any conflict of interest between its functions as an operational entity and any other functions that it may have, and how business is managed to minimize any identified risk to impartiality?			
Has the organization ever been accredited before to certify quality management systems and/or environmental management systems? *(If so, state by which body).*			
Does the organization have an established formal system? *(e.g. ISO Guide 62, 65, 66 or other)*			
How long has this system been in operation?			
What training has been provided for implementation and maintenance of the system and to whom?			

PART 3: INFORMATION ON SENIOR STAFF			
*For each staff member having responsibility for a product or service for which accreditation is sough,t please give the following details. This includes the **Quality Manager** and **Technical Manager**, where applicable.*			
Name		Position	
Area of responsibility		No. of staff directly or indirectly supervised in area	
Experience and training			
Name		Position	
Area of responsibility		No. of staff directly or indirectly supervised in area	
Experience and training			
Name		Position	
Area of responsibility		No. of staff directly or indirectly supervised in area	
Experience and training			
Name		Position	
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Area of responsibility		No. of staff directly or indirectly supervised in area	
Experience and training			
Name		Position	
Area of responsibility		No. of staff directly or indirectly supervised in area	
Experience and training			

PART 4: PROPOSED SCOPE OF APPLICATION	
List all the parameters (sectors/sub-sectors) for which accreditation is sought. ***NOTE: Scope of accreditation for operational entities will be developed in accordance with the provisions contained in the annex "Scope of accreditation and related requirements" to the detailed procedures to operationalize the accreditation of operational entities under the CDM. The applicant entity should list activities with respect to specific sectors/sub-sectors related to which an applicant entity for this scope may perform its functions.***	
Name of proposed scope:	
If the proposal is an extension of or linked to an existing scope, please provide reference	
Define the proposed scope:	
Criteria for assessing competence of an entity applying for the scope:	

PART 5: DECLARATION			
The Chief Executive Officer or authorized official must authorise this form.			
The following is enclosed *(please tick/indicate, as appropriate)*:			
Copy of the Quality Manual		Application Fee *(amount)*	
Other documentation SEE NOTE 1 *(Specify any attachment to the application form and/or tick below)*			

NOTE 1	Please tick
Documentation to be submitted:	
a) Completed all relevant parts of application form…….……..……..……..	
b) Copy of the documentation of the legal status……..	
c) Particular documents related to a scope of accreditation ……	
d) A declaration of all the organization's actual and planned involvement in CDM project activities…..…..…	
e) A declaration that the applicant entity has not pending any judicial process for malpractice, fraud and/or other activity incompatible with its functions…….	
f) Documentation on its quality assurance policy and procedures, including its procedures for performing validation and/or verification and certification within the scope applied for	
g) Documentation on administrative procedures including document control……..	
h) An organizational chart showing lines of authority, responsibility and allocation of functions……	
i) Documentation on its procedures for handling complaints, appeals and disputes…….	

Upon accreditation, this applicant entity agrees to comply with CDM accreditation requirements.

I enclose a copy of the Quality Manual.

I enclose an application fee. I understand that this fee is not refundable except, in accordance with the annex "Fees"of the detailed procedures to operationalize the accreditation of operational entities under the CDM, in the case the CDM-AP modifies the proposed scope and this applicant decides to withdraw its application.

I understand the manner in which the accreditation system operates and its functions. The executive board does not accept any responsibility for the actions, or the results of any actions, of an accredited organization. I, the undersigned, agree, as the authorized officer of the applicant entity that any liability of the executive board which may arise due to negligence related to any accreditation is limited to a refund of the non-reimbursable fee paid by the applicant entity.

I declare the information given in this application is correct to the best of my knowledge and belief. I undertake to inform the UNFCCC secretariat immediately of any changes with respect to the application and accept full responsibility for any costs incurred as a result of any changes not reported to the UNFCCC secretariat in accordance with the procedures for accreditation.

Signed and stamped	
Name *(print)*	
Capacity	
Date	