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 ALL applicable sections of the form in CLEAR PRINT or in type.

This form is available in electronic form. Please do not modify the form other than filling in cells provided for this purpose. Any form that is 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 surface/special courier mail.

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

Note: If you do not receive acknowledgement of receipt of 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 sectoral scope(s) applied for		Proposed new sectoral scope(s) (indicate new name)	(Provide more detail in part 4 below)

TYPE OF ACCREDITATION SOUGHT

Initial Accreditation (only applicable to entities which are not designated operational entities)		Extension of scope of accreditation		Re-accreditation	
Other *(specify)*					

PART 2: INFORMATION REGARDING YOUR ORGANIZATION			
Description of the main activities of the applicant entity. *Please underline those activities for which accreditation is sought.*			
If the applicant 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 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 of you're the organization indicating the structure of the sections/units/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 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 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? To whom has it been provided?			

PART 3: INFORMATION ON SENIOR STAFF

*For each staff member having responsibility for a product or service for which accreditation is sought, 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	
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			

PART 4: PROPOSED SCOPE OF ACCREDITATION ("sectoral scope")	
In case several new sectoral scopes are proposed please copy and paste the following five (5) rows and fill accordingly.	
Name of proposed new "sectoral scope":	
If the proposal is an extension of or linked to an existing "sectoral scope", please provide reference	
Define the proposed new sectoral sub-scope:	
Proposed criteria for assessing competence of an entity applying for the proposed new "sectoral scope":	

PART 5: DECLARATION

The Chief Executive Officer (CEO) or authorized official must authorize this form.

The following is enclosed *(please tick/indicate, as appropriate)*:

Copy of the Quality Manual		Application Fee • Transfer order placed *(please attach banking information on the transfer)*
Other documentation SEE NOTE 1 *(Specify any attachment to the application form and/or tick below)*		

NOTE 1

Documentation to be submitted: (Please tick)

a) Application form duly completed……..……..…….

b) Copy of the documentation of the legal status…….

c) Specific 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 no pending 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 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 and procedures.

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 procedural guidelines for accrediting operational entities by the executive board of the clean development mechanism, in the case that 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 or the secretariat which may arise due to negligence related to an accreditation is limited to a refund of the non-reimbursable fee paid by the applicant entity.

I declare that 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)*	
Position if other than CEO	
Date	