

## FORM AD1 – CERTIFICATION BODY REGISTRATION

Objective: This form is to register an agency (company or organization), as well as to gather information and for monitoring purpose. This form does not indicate that a company is accredited under the Pusat Standard dan Akreditasi Brunei Darussalam.

### AD 1: Certification Body Registration

Organisation Details			
Organisation Name:			
Accreditation Body:		Accreditation Ref No:	

STANDARD–PLEASE INDICATE WHICH STANDARD OF ACCREDITATION YOU HAVE BEEN ACCREDITATED TO			
ISO/IEC 17021 (BCMS-Business Continuity)	<input type="checkbox"/>	EMAS Regulation (EC 1221/ 2009)	<input type="checkbox"/>
ISO/IEC 17021 (EMS – Environmental)	<input type="checkbox"/>	EN 45011/ISO/IEC 17065 (Product Conformity)	<input type="checkbox"/>
ISO/IEC 17021 (FSMS – Food Safety)	<input type="checkbox"/>	ISO/IEC 17024 (Certification of Persons)	<input type="checkbox"/>
ISO/IEC 17021 (H & SMS – Health & Safety)	<input type="checkbox"/>	ISO 14065 (Green-house Gases Verification)	<input type="checkbox"/>
ISO/IEC 17021 (ITSMS – IT Services)	<input type="checkbox"/>	Other, Please Specify:	<input type="checkbox"/>
ISO/IEC 17021 (ISMS – Information Security)	<input type="checkbox"/>		
ISO/IEC 17021 (QMS – Quality)	<input type="checkbox"/>		
ISO/IEC 17021 (SCSMS – Supply Chain Security)	<input type="checkbox"/>		

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### ADDITION OF KEY LOCATION AND/OR ACTIVITIES TO BE PERFORMED AT A KEY LOCATION:

Location Address	Country	Activities to be performed at this location	Does this location hold accreditation with another PAC/EA/IAF MLA signatory, If yes please specify.

### COUNTRIES WHERE THE CERTIFICATION WILL OPERATE

	Number	Countries of Operation
Existing clients in new scope area		
Potential clients in new scope area		

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### SUPPORTING DOCUMENTATION:

*To be supplied where it is applicable.*

DOCUMENTATION	"Check" if supplied	Justification for non-submission
Evidence of development activities, in accordance with your design process, leading to the implementation of the new certification activity	<input type="checkbox"/>	
Evidence of the involvement of the scheme/Impartiality committees in the certification activities applied for.	<input type="checkbox"/>	
Evidence to demonstrate auditor, contract review and decision maker competence for the certification activities applied for (e.g. – Competence Criteria, CVs, witnessed audits, competence tests).	<input type="checkbox"/>	
Competence Criteria relating to the certification activity that is being applied for and details as to how it has been defined.	<input type="checkbox"/>	
Copies of any revised/new procedures required for the certification activity applied for.	<input type="checkbox"/>	
Where the application relates to the addition of a new critical location: Copies of any agreement (s) with subsidiary/different legal entity established at the critical location along with the documentation stated above to demonstrate the competence of operation at the critical location.	<input type="checkbox"/>	

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**Note:**

- a) Each page of this form should be initialed or signed.
- b) The last page of this form should include a signature with the organisation/company stamp.

**DECLARATION:**

- I declare that I am authorized, on behalf of the company, to submit the information contained herein is both correct and accurate to best of my knowledge and belief.

Signature/Chop:

Name:

Designation:

Date:

**PLEASE SUBMIT TO:**

Email: [accreditation@mofe.gov.bn](mailto:accreditation@mofe.gov.bn)

Tel No.: 2333964

**Accreditation Unit**

**Pusat Standard dan Akreditasi Brunei Darussalam**

Ministry of Finance and Economy

Block 19, Simpang 32-15

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