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|  | **Request For SAAS Accreditation:**  **Expansion to Geographical Scope: Application Form** |

**Note:** All CBs shall have referenced SAAS Procedure 201A:2015 (specifically clauses 1.12 and 1.9.3) and have a thorough understanding of the SAAS accreditation process.

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| **1) PURPOSE OF THIS APPLICATION FORM SUBMISSION** | |
| **Required SAAS Service**  (Check one of the boxes) | Expansion Within Existing Scope – e.g. Location Status Change To “Critical\*”.  Expansion To A New Geographical Area/Country |
| **Location of Requested Scope Expansion** | Enter Country/Geographic Region of Requested Expansion |
| **Date Of Application** | Insert Date |
| \* Note: SAAS deems a “Critical Location” as one where activities are conducted or controlled that determine or demonstrate the effectiveness of the CB’s performance of the accredited SA8000 certification/registration, in particular:  • the process for initial qualification, training and ongoing monitoring of auditors and assessment personnel records; or  • the contract and application review, the assignment of assessment personnel, and/or review of the final report; or  • the certification/registration decision based on the final review of the assessment report and issue of certificate.  See also SAAS Procedure 201A:2015, clause 0.1.9. | |

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| **2) ACCREDITED CERTIFICATION BODY DETAILS** | |
| **Accredited CB Name** | Enter Name |
| **SAAS Reference Number** | Enter SAAS CB Reference Number |
| **SA8000 Certification Program**  **Head Office Address** | Enter Address Line 1  Enter Address Line 2  Enter Address Line 3  Enter Address Line 4 |
| **Head Office SA8000 Program Manager** | Enter Name |
| **Head Office SA8000 Program Manager Contact Details** | **Tel#** Enter Tel # (include extension if applicable)  **Mobile#** Enter Mobile #  **Email#** Enter Email Address  **Skype/Viber/WhatsApp ID** Enter N/A or ID |

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| **3) CONFIRMATION OF EXISTING ACCREDITATION** |
| Have the scope and/or locations of your SA8000 Certification Activities changed since the last Head Office Audit?  Yes  No  If YES, please describe these changes: Changes since last Head Office Audit - Enter either N/A or describe the changes (example: change in structure, number of staff or certificates, new geographic scope, etc.) |

| 4) EXPANSION WITHIN EXISTING SCOPE: e.g. Location Status Change To “Critical”. (See comment in question 1) above for definition.) | |
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| Location Address | New Activities to be performed at this location |
| Enter Address Line 1  Enter Address Line 2  Enter Address Line 3  Enter Address Line 4 | Initiating & Signing Contracts? Yes  No  Contract Review? Yes  No  Audit Scheduling? Yes  No  Certification Audit Document Review? Yes  No  Certificate Decision and Issue? Yes  No  Approval of auditors? Yes  No  Is this a Subcontracted/Outsourced Office? Yes  No  From which country will oversight of this new office be performed? Enter the location of the office which will oversee this new location.  If applicable: What countries will this new office manage? Enter the locations that this new office will oversee.  Number of Qualified SA8000 Lead Auditors in this Location:   |  |  | | --- | --- | | Employees | Contractors | | Enter either N/A or Number. | Enter either N/A or Number. | |
| Note: Expansions Within Existing Scope Are Processed On An Individual Basis. | |
| DESCRIPTION OF RELATIONS BETWEEN SUPERVISORY AND SUBORDINATED ORGANIZATION LISTED ABOVE | |
| Enter a brief description of the relationship between the Head Office and The Location Within Application Scope | |

| 5) Expansion To A New Geographical Area/Country | | |
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| New Country Or Territory | Enter Country and/or Territory Name | |
| **Scope of Expanded Activity**  (Check one of the boxes) | There will be an operational office in this new country/territory.  The accredited CB will outsource activity in the new location through a new contract with an outsourced body.  There will not be an operational office in this new country and the accredited CB will utilize auditor resources from a different location to deliver the audit activity. | | |
| Location Address | New Activities to be performed at this location | |
| Enter Address Line 1  Enter Address Line 2  Enter Address Line 3  Enter Address Line 4 | Initiating & Signing Contracts? Yes  No  Contract Review? Yes  No  Audit Scheduling? Yes  No  Certification Audit Document Review? Yes  No  Certificate Decision and Issue? Yes  No  Approval of auditors? Yes  No  Is this a Subcontracted/Outsourced Office? Yes  No  From which country will oversight of this new office be performed? Enter the location of the office which will oversee this new location.  If applicable: What countries will this new office manage? Enter the locations that this new office will oversee.  Number of Qualified SA8000 Lead Auditors in this Location:   |  |  | | --- | --- | | Employees | Contractors | | Enter either N/A or Number. | Enter either N/A or Number. | | |
| Note: Expansions To A New Geographical Area/Country Are Processed On An Individual Basis. | | |
| DESCRIPTION OF RELATIONS BETWEEN SUPERVISORY AND SUBORDINATED ORGANIZATION LISTED ABOVE | | |
| Enter a brief description of the relationship between the Head Office and The Location Within Application Scope | | |
| **What is the main business activity of this organization (other than the proposed new service)?** | | Enter a brief description of the main business services currently offered by your organization. Include both accredited and non-accredited programs and any other services offered. | |
| **Please give details of any other services currently offered that you consider may be relevant to this application.** | | Provide a list of other management system (example: ISO 9001, 14001, OHSAS) or social audit services (example: BSCI, WRAP, Fair Trade, GOTS) currently offered by your organization. | |

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| **6) COMPANY DOCUMENTED MANAGEMENT SYSTEM** | |
| Which Option of ISO/IEC 17021-1:2015 Clause 10.1 does the new location follow? Choose Option A or B below. | |
| **Clause 10.2 – Option A: General Management System Requirements** | **Clause 10.3 – Option B: ISO 9001** |
| Is Applicant/Accredited CB currently accredited to any programs by an IAF-member Accreditation Body? Yes  No  If YES please list the name(s) of that Accreditation Body(ies). Enter either N/A or list the name.  If YES list the scope of accreditation granted by that Accreditation Body. Enter either N/A or list the program(s) accredited by each AB.  Is Applicant/Accredited CB currently accredited to ISO 17021-1:2015 by an IAF-member Accreditation Body?  Yes  No  If YES please list the expiry date of that Accreditation. Enter either N/A or the expiry date of accreditation. | |

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| **7) DESIRED TIMEFRAME FOR ASSESSMENT** |
| We will be ready for a Document Review within 15/30/45/60/90 days days. |
| We have one or more SA8000 applicant client/s available as part of the initial application process: Yes  No  Country Location of SA8000 Client/s: Enter either N/A or Country.  Client/s have enter the approximate number of employees within the proposed scope of SA8000 audit number of employees.  Name/s of client/s: Enter either N/A or Name of Organisation/s. |
| Note: Scope expansion applications and document reviews will be conducted on a rolling basis, upon resource review and allocation. |

**Notes on Documentation:** SAAS shall require access to all accredited CB’s documented management system during the application and assessment process. Any documentation not submitted with the application may delay the accreditation process; therefore please ensure you have read, understood and acted upon the appropriate normative requirements. All information given to SAAS for the purposes of this process will be treated in the strictest confidence.

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| **8) SUPPORTING DOCUMENTATION** | | | |
| For this expansion to existing SAAS accreditation to be processed and moved forward by SAAS, the following documentation must, as a minimum, be supplied along with a signed copy of this form. Applications submitted with no supporting documentation will not be accepted. | | | |
| **Document** | **Tick If**  **Supplied** | **Document Supplied** | **If Applicable: Reason For Not Submitting** |
| For Applications For Expansion Of Scope To A New Geographical Area/Country ONLY:  A completed copy of SAAS Checklist #6. |  | Enter name of document and relevant clause, if applicable | Enter reason |
| Evidence of the applicant CB’s certification service development activities, in accordance with internal service design process, leading to the agreement to commence with this new certification activity (e.g. – Management Review Results). |  | Enter name of document and relevant clause, if applicable | Enter reason |
| Evidence of the ‘sign-off’ of this new certification activity by the Impartiality Committee for the certification activities applied for. |  | Enter name of document and relevant clause, if applicable | Enter reason |
| CB Competence Qualification Criteria and Supporting Evidence to demonstrate auditor, contract review, certification decision maker(s) and other personnel’s competence in meeting the criteria for the new certification activities applied for (e.g. – Auditor Competence Criteria, Resumes, Witnessed Audit Reports, Competence Reviews). |  | Enter name of document and relevant clause, if applicable | Enter reason |
| Copies of any revised/new procedures required for the new certification activity applied for. |  | Enter name of document and relevant clause, if applicable | Enter reason |
| Copies of business licenses/certificates of incorporation for the location(s) requested. |  | Enter name of document and relevant clause, if applicable | Enter reason |
| Copies of subcontractor (outsourced) contracts for the location(s) requested. |  | Enter name of document and relevant clause, if applicable | Enter reason |

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| **9) COMPLIANCE WITH SAAS ACCREDITATION CRITERIA** | |
| I declare that, on behalf of the company, that the appropriate individuals have read and been trained in the following SAAS Accreditation Criteria. | |
| ISO 17021-1:2015 Yes  No | SAAS Procedure 200:2015 Yes  No |
| SAAS Procedure 200A:2015 Yes  No | SAAS Procedure 201A:2015 Yes  No |
| SAAS Procedure 201B:2015 Yes  No | SAI SA8000:2014 Guidance Yes  No |
| SAI SA8000:2014 Performance Indicator Annex Yes  No | |

Upon completion of this Application Form, and submission of Checklist #6, SAAS shall perform a document review of the submitted materials. The CB shall be invoiced for the amount of time required to conduct the document review.

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| **Declaration** | |
| I declare that I am authorised, on behalf of the company, to submit this application, and that the information contained herein is both correct and accurate to the best of my knowledge and belief. | |
| By submitting this application, I acknowledge that I have read, signed, understood and accepted SAAS’ policies. | |
| For and on behalf of  Name:  Signed:  Position held with the applicant company:  Date: | Enter CB Name  Enter Name  Enter Name  Enter position held  Enter date |

## DECLARATION

The Body named in this Application hereby applies for Accreditation within the Scope set out in this Application. The Applicant agrees that:

1. The information contained in this application is correct.
2. The normative requirements have been read and understood.
3. The Applicant has the necessary resources to undertake certifications throughout the Scope requested, and will pay all fees to SAAS, whether or not accreditation is granted.
4. The Applicant:
5. shall make all necessary arrangements for conducting any required assessments, including access to all areas, records and personnel, whether for the purposes of initial assessment, surveillance, re-assessment, scope expansion and the resolution of complaints,
6. shall not make claims to be accredited for those services for which accreditation has not been granted, nor issue any certificates of compliance with SA8000 outside the scope of accreditation,
7. shall not act in such a manner as to bring either SAAS, SAI or the SA8000 system into disrepute, nor make any public statement regarding accreditation that SAAS may consider misleading or unauthorised,
8. if accreditation is not granted, or is withdrawn or cancelled by SAAS, shall ensure all advertising material containing reference to being accredited will be discontinued, and will return any accreditation documents as required,
9. shall not use any accreditation documents, mark or reports in a misleading manner, nor to imply that any product or person is approved by SAAS,
10. shall ensure all publicity regarding the accreditation status will comply with the requirements of SAAS.

**SAAS Office use only:**

Application fee received:       Documents received:       Date:

Entered on register:       Sign:

**---------- End Of Application Form ----------**