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|  | **Application For Accreditation or Reaccreditation: IRIS Scheme** |

***Notes on the completion of this Application Form:*** *Applicants shall have reviewed and be conversant and compliant with the current* [*ISO/IEC 17021-1*](https://www.iso.org/standard/61651.html) *requirements,* [*IRIS Scheme General Requirements*](https://iriscertification.org/iris-documents/)*, and have a thorough understanding of the initial application process, route to SAAS accreditation, required on-site audits, the SAAS decision-making process, and continuance of accreditation. Upon completion of all sections, this form should be submitted to* [*SAAS@saasaccreditation.org*](mailto:SAAS@saasaccreditation.org) *for review together with a fully completed ‘*[*IRIS Accreditation – Audit Company Quality Management Documentation Checklist/Declaration*](https://iriscertification.org/iris-documents/)*’ and supporting audit company documentation. Accreditation processing fees will be determined and communicated following SAAS receipt and review.*

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| **1) PURPOSE OF THIS APPLICATION FORM SUBMISSION (Check one of the 2 boxes below)** | |
| **Required SAAS Service** | Initial Accreditation  Reaccreditation |
| **Date Of Application** | Insert Date |

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| **2) COMPANY DETAILS** | |
| **Audit Company (AC) Name** | Enter Name |
| **SAAS Reference Number**  **(Existing Accredited Organisations Only)** | N/A or number if seeking reaccreditation |
| **IRIS Certification Program**  **Head Office Address** | Enter Address Line 1  Enter Address Line 2  Enter Address Line 3  Enter Address Line 4 |
| **Head Office – Website Address (IRIS)** | Enter Website (www.example.com) |
| **Head Office - IRIS Program Manager** | Enter Name |
| **Head Office - IRIS 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 |
| **What is the main business activity of your organization?** | 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 provide 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. |
| **Indicate the IRIS Certification-related activities performed at the Head Office location.** | 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  Delivery of Audit Services? Yes  No  Sales and Marketing? Yes  No  Number of Qualified IRIS Lead Auditors in this Location:   |  |  | | --- | --- | | Employees | Contractors | | Enter either N/A or Number. | Enter either N/A or Number. | |
| **Geographic Scope of Accreditation Application.** | Provisionally Unlimited  (Geographical scope will be further defined in future when critical mass of certifications is achieved) |

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| **3) NEW APPLICATION ONLY: DESIRED TIMEFRAME FOR ASSESSMENT** | |
| A) We will be ready for our IRIS QMS/Document Review within 0/15/30/45/60/90 days. | |
| B) We will be ready for our IRIS QMS/Head Office Audit within 30/45/60/90 days. | |
| C) We have one or more IRIS applicant client/s available as part of the initial application process: Yes  No  Country Location of IRIS Client/s: Enter either N/A or Country.  Name/s of client/s: Enter either N/A or Name of Organisation/s.  Client Requires enter the anticipated number of Stage 2 on-site Auditor-days\* Stage 2 Auditor-days. | |
| *\*Note: Refer to “IRIS Certification and Audit Protocols” in order to calculate required auditor days.* |

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| **4) FOR REACCREDITATION ONLY** |
| Have the scope and/or locations of your IRIS Certification Activities changed since the last QMS/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.) |

| 5) OTHER KEY LOCATIONS AND/OR IRIS-CERTIFICATION-RELATED ACTIVITIES TO BE PERFORMED AT KEY LOCATION(S) | |
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| *Other Location Address* | *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  Delivery of Audit Services? Yes  No  Sales and Marketing? Yes  No  Will this be a subcontracted Office? Yes  No  Number of Qualified IRIS Lead Auditors in this Location:   |  |  | | --- | --- | | Employees | Contractors | | Enter either N/A or Number. | Enter either N/A or Number. | |
| 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  Delivery of Audit Services? Yes  No  Sales and Marketing? Yes  No  Will this be a subcontracted Office? Yes  No  Number of Qualified IRIS Lead Auditors in this Location:   |  |  | | --- | --- | | Employees | Contractors | | Enter either N/A or Number. | Enter either N/A or Number. | |
| 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  Delivery of Audit Services? Yes  No  Sales and Marketing? Yes  No  Will this be a subcontracted Office? Yes  No  Number of Qualified IRIS Lead Auditors in this Location:   |  |  | | --- | --- | | Employees | Contractors | | Enter either N/A or Number. | Enter either N/A or Number. | |
| 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  Delivery of Audit Services? Yes  No  Sales and Marketing? Yes  No  Will this be a subcontracted Office? Yes  No  Number of Qualified IRIS Lead Auditors in this Location:   |  |  | | --- | --- | | Employees | Contractors | | Enter either N/A or Number. | Enter either N/A or Number. | |
| *Note: Per IRIS Scheme General Requirements Paragraph 7.4. Outsourcing of IRIS Certification program activities to another body, is not permitted under the IRIS Scheme.* | |
| **DESCRIPTION OF RELATIONS BETWEEN SUPERVISORY AND SUBORDINATED LOCATIONS LISTED ABOVE** | | |
| Enter a brief description of relationship between Head Office and Other Key Locations Within Application Scope. If any of the key locations/activities are to be outsourced, provide a description of those outsourced services. | | |

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| **6) AUDIT COMPANY DOCUMENTED MANAGEMENT SYSTEM** |
| Is Applicant Audit Company currently accredited in accordance ISO/IEC 17021-1 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 accreditation program(s) grant ed accreditation and the expiry date of each accreditation. Enter either N/A or list the program(s) accredited by each AB. Enter either N/A or the expiry date of accreditation.  Is Applicant Audit Company currently accredited to deliver SA8000 Certification by SAAS?  Yes  No |

***Notes on Documentation:*** *SAAS requires access to all applicant Audit Company’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 is treated in the strictest confidence.*

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| **7) AUDIT COMPANY SUPPORTING DOCUMENTATION** | | |
| *For an initial application for accreditation and reaccreditation to be progressed by SAAS, full access to the following documentation, as a minimum, must be supplied along with a signed copy of this form. Applications submitted with no supporting documentation will not be accepted.* | | |
| **Document** | **Tick If**  **Supplied** | **Reason For Not Submitting** |
| Evidence of the applicant’s certification service development activities, in accordance with your service design process, leading to the agreement to commence with this new certification activity. |  | Enter reason |
| Evidence of the ‘sign-off’ of this new certification activity by the Impartiality Committee for the certification activities applied for. |  | Enter reason |
| A list of the members of the Impartiality Committee. |  | Enter reason |
| Evidence to demonstrate auditor, contract review and certification decision maker(s) competence for the new certification activities applied for (e.g. – Auditor Competence Criteria, Resumes, Witnessed Audit Reports, Competence Reviews). |  | Enter reason |
| Evidence of Audit Company’s organisational structure in its entirety and the relationship with the proposed/accredited IRIS structure, including number of employees in entirety of organisation. |  | Enter reason |
| Audit Company Competence Criteria for all personnel involved (including administrative and marketing staff) in the new certification activity that is being applied for and details as to how it has been defined. |  | Enter reason |
| Copies of documented risk analysis conducted in relation to IRIS activity. |  | Enter reason |
| Copies of any revised/new procedures required for the new certification activity applied for. |  | Enter reason |
| Copies of business licenses/certificates of incorporation for the location(s) requested. |  | Enter reason |
| Copies of subcontractor contracts (if applicable). |  | Enter reason |
| *Note: Within the checklist below, in the column entitled “Where compliance can be found in Audit Company Management System” – applicants shall indicate the document name and clause number. Be advised that checklists cannot be accepted or reviewed if the applicant has omitted the document name and clause number within the document.* | | |
| A completed copy of IRIS Accreditation – Audit Company Quality Management Documentation Checklist/ Declaration. |  | Enter reason |
| Any additional material to support the audit process as designated in the SAAS Checklists and Normative Requirements. |  | Enter reason |

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| **COMPLIANCE WITH SAAS ACCREDITATION CRITERIA** | |
| I declare, on behalf of the company, that the appropriate individuals understand and are competent to provide services in accordance with currently applicable versions of the following IRIS/SAAS Accreditation Criteria. | |
| IRIS Scheme General Requirements Yes  No | IRIS Certification and Audit Protocols Yes  No |
| IRIS Standard & Interpretive Guidance Yes  No | ISO/IEC 17021-1 Yes  No |

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

## DECLARATION

The Audit Company 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 the QMS/office and witness assessments, including access to all areas, records and personnel, whether for the purposes of initial assessment, surveillance, re-assessment, 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 IRIS outside the scope of accreditation;
7. shall not act in such a manner as to bring SAAS, SAI or the IRIS 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 report in a misleading manner, nor to imply that any product, process, system or person is approved by SAAS;
10. shall ensure all publicity regarding the accreditation status will comply with the requirements of SAAS.

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

**SAAS Office use only:**

Date Application Form Received:

Date Application fee received:

Date Supporting Documents received:

Date Entered Into Register/Database:

SAAS Staff: