

**SECTION A - GENERAL INFORMATION**

Title of Organization/ agency/ Institute	
Address	
Website	
Email	
Phone:	
Additional Location(s)	Attach the list of locations with this application
Additional Locations(s) required the accreditations	Attach the list of locations with this application
Contact Person	
Email	
Phone	
Business license (Legal/ regulatory)	
Quality Representative	
Email	
Phone	
Technical Assessors	
Email	
Phone	
Human Resource Representative	
Email	
Phone	
Total Employee	
Total Trainers	

<b>Application of Personnel Certification – ISO/ IEC 17024</b>		IBAS-APP-PCS-01-V2.1
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Total Already Lead Trainers	
Any other personnel certification accreditation	

### SECTION B – CERTIFICATION PROGRAMS

<input type="checkbox"/> Lead Auditor ISO 9001 Quality Management System	<input type="checkbox"/> Lead Auditor 18001 Occup Health & Safety Assessment
<input type="checkbox"/> Lead Auditor ISO 14001 Environment Management System	<input type="checkbox"/> Lead Auditor 50001 Energy Management System
<input type="checkbox"/> Lead Auditor ISO 45001 Occu. Health & Safety Management System	<input type="checkbox"/> Experts NDTs
<input type="checkbox"/> Lead Auditor ISO 27001 Information Security Management System	
<input type="checkbox"/> Lead Auditor ISO 22000 Food Safety Management System	
<input type="checkbox"/> Lead Auditor ISO 13485 QMS for Medical Devices	
<input type="checkbox"/> Lead Manager Disaster Management	
How may accreditation do your organization already avail? Name the Accreditation board or body.	
Do you have Lead auditors for selected accreditations above?	
Do you have technical assessors for selected accreditations above?	
<b>What established technical procedures your organization does your organization have to meet:</b>	
Recruitment of trainers	
Monitoring of trainers' performance	
Impartiality of trainers	
Annual frequency of awareness	

<p><b>Application of Personnel Certification – ISO/ IEC 17024</b></p>		<p>IBAS-APP-PCS-01-V2.1</p>
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Organization assure the information has been provided is correct and is based on submitted evidences with this application.

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**C.B:**

**Filled by:**

**Sign:**

**Date:**

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**SECTION C – APPLICATION REVIEW BY IBAS**

**Application Reviewed by:**

**Date:**

**Application Status:**

Approved

Disapproved

Conditionally Approved (One re-application)

**Decision Team:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_