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| --- | --- |
| Company Details | |
| Company Name | Click here to enter text. |
| UKAS Ref (Existing Customers Only) |  |

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| --- |
| Standard - Please indicate which SECTOR youR ACCREDITATION APPLICATION IS FOR *(tick all that apply)* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ISO/IEC 17029 and ISO 14065 – validation and verification of Environmental Information | |  | Other – Please Specify |  |
| UK Emission Trading Scheme (UK ETS) |  |  | Click here to enter text. |  |
| ICAO CORSIA Aviation Emissions |  |  | Click here to enter text. |  |
| ISO 14064 Part 1 |  |  | Click here to enter text. |  |
| ISO 14064 Part 2 |  |  | Click here to enter text. |  |
| Maritime Transport (UK MRV) |  |  | Click here to enter text. |  |
| Forestry Commission Woodland Carbon Code |  |  | Click here to enter text. |  |
| Other – please specify |  |  | Click here to enter text. |  |

ADDITION OF KEY LOCATION AND/OR ACTIVITIES TO BE PERFORMED AT KEY LOCATION(S):

| Location Address | Country | Activities to be performed at this location | Does this location hold accreditation with another EA/IAF MLA signatory? If yes please specify. |
| --- | --- | --- | --- |
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**COUNTRIES WHERE THE VALIDATION / VERIFICATION WILL OPERATE**

|  |  |  |
| --- | --- | --- |
|  | **Number** | **Countries of Operation** |
| **Existing clients in new scope area** |  |  |
| **Potential clients in new scope area** |  |  |

**Scope(s) Requested:**

| **No.** | **Programme**  **(If Applicable)** | **Scope Description** |
| --- | --- | --- |
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**EXTENSIONS TO SCOPE ONLY:**

1.  I wish this extension to scope application to be processed now, (and understand this may require an extra visit by UKAS).

**Desired target grant date:** Click or tap to enter a date.

(If this field is left blank, a default of 6 months from the date this application is processed will be assigned as the desired grant date)

**Desired assessment arrangements:** Select from drop-down list

(Please note standard *minimum* UKAS timeframe for the assessment of extensions to scope *is 3 months from receipt of application*, and your Assessment Manager will discuss if your chosen option doesn’t fit in with your desired grant date or if your desired grant date isn’t possible)

2.  I wish this extension to scope application to be processed with my next surveillance/re-assessment visit.

3.  This application is to extend an existing limited scope.

4.  I would like to propose that this extension to scope application is considered for desktop review

*(Please note that the decision on the applicability of this proposal will be made by UKAS based on a number of factors including existing scope of accreditation and competences demonstrated)*

**SUPPORTING DOCUMENTATION:**

*For an extension to scope to be progressed by UKAS the following documentation must, as a minimum, be supplied where it is applicable. Applications submitted with no supporting documentation will not be accepted.*

| **Documentation** | **‘Check’ if supplied** | **Justification for non-submission** |
| --- | --- | --- |
| Evidence of development of the conformity assessment activity as required by the applied for validation and verification standard(s), including as applicable:   * Involvement with interested parties and access to expertise * Consideration of the impartiality risks * Scheme documents * Definition of technical areas * Competence criteria * Competence evaluation methods |  |  |
| Evidence to demonstrate competence of resources for the applied for validation/verification activities (e.g. competence criteria, CVs, witnessed audits, competence tests). |  |  |
| Copies of any revised/new procedures required for the validation/verification activity. |  |  |
| Copies of the programme identified within the scope of application. |  |  |
| Where the application relates to the addition of a new location, please provide copies of:   * where applicable, risk assessments * agreement(s) with subsidiary/different legal entity established at the key location   along with the documentation stated above, to demonstrate the competence of operations at the key location. |  |  |

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, understood and accepted UKAS’ [**Standard Terms of Business**](https://ukasonline.sharepoint.com/:w:/r/sites/ManagementSystem/Shared%20Documents/FIN%201001%20UKAS%20Standard%20Terms%20of%20Business.docx?d=wadf17ab825b6423a82e739dbd4b75cc1&csf=1&web=1&e=1cxh2y).
* If this application relates to an extension to scope, I understand and accept that:
  + An initial charge of 0.5 days at the standard day rate will apply to cover scoping of effort required
    - *This will not result in any additional charge to customers who proceed within 12 months of application. If a customer takes no action to progress an extension to scope application over a period of a year with no mitigating circumstances, UKAS reserves the right to withdraw the application. The initial charge is not refundable as it covers work already undertaken. Once an application is withdrawn, if the customer subsequently wishes to progress the extension to scope, they will need to reapply.*
  + It may be necessary to revise our annual fees upon grant of the extension to scope

|  |  |
| --- | --- |
| **Name:** |  |
| **Position:** |  |
| **Date:** | Click here to enter a date. |

Applications to be Submitted To:

**EMAIL:** [**apps@ukas.com**](mailto:apps@ukas.com)

#### POST: Applications Unit, United Kingdom Accreditation Service, 2 Pine Trees, Chertsey Lane, Staines-upon-Thames, TW18 3HR