



APPLICATION FOR ACCREDITATION (Version 01.1)

SECTION 1: GENERAL INFORMATION

Please complete ALL applicable sections of the form in CLEAR PRINT or in type.

This form is available in electronic form. Please do not modify the form other than filling in cells provided for this purpose. Any form that is modified will not be recognized as a valid application. Should you have difficulties in filling the form, please contact the UNFCCC secretariat:

E-mail: A6.4mechanism-accr@unfccc.int

Receipt of payment of the application fee shall be required prior to processing the application.

ORGANIZATION

| | |
|---------------------------------------|--|
| Organization name | |
| Organization address (central office) | |
| Country | |
| Physical address | |
| Postal address | |
| Primary language of operation | |

CONTACT PERSON

| | |
|---|---|
| Salutation | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. |
| Last name | |
| First name | |
| Job title | |
| Email address | |
| Phone number | |
| Mobile number | |
| Total number of employees | |
| Number of employees involved in area(s) seeking accreditation | |
| Sectoral scope(s) 1-16 applied for | |

| | |
|--|---|
| Type of accreditation sought | <input type="checkbox"/> Initial accreditation (applicable to applicant entities)) <input type="checkbox"/> Extension of accreditation for additional sectoral scopes (applicable to accredited DOEs) <input type="checkbox"/> Re-accreditation (applicable to accredited DOEs) <input type="checkbox"/> Other (specify) |
| SECTION 2: INFORMATION REGARDING YOUR ORGANIZATION | |
| Provide a description of the main activities of the applicant entity | <input type="checkbox"/> Validation /Verification/Certification body <input type="checkbox"/> Laboratory body <input type="checkbox"/> Consultancy body <input type="checkbox"/> Other (specify) |
| Describe the body(ies) that have accredited the organization | |
| Provide a description of the management system(s) established and operated by the organization | |
| How long have the system(s) been in operation? | |
| Describe the training(s) that have been provided for the operation and maintenance of the management system(s) | |
| SECTION 3: INFORMATION REGARDING RELATED BODY(IES) | |
| Section 3.1: If the applicant entity is owned by another organization or is part of a larger group of organizations or has branches/divisions at other locations, please provide the following: | |
| Name of parent organization(s) of the applicant entity | |
| Organization address (central office) | |
| Country | |
| CONTACT PERSON | |
| Salutation | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. |
| Last name | |
| First name | |

| | |
|--|---|
| Job title | |
| Email address | |
| Phone number | |
| Mobile number | |
| Total number of employees | |
| Number of employees involved in area(s) seeking accreditation | |
| Describe relationship and links between above-mentioned organizations and applicant entity seeking accreditation | |
| Any other information (specify) | |
| Name of other organization(s) in group(s)/division(s) of the parent organization(s): | |
| Address | |
| Country | |
| CONTACT PERSON | |
| Salutation | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. |
| Last name | |
| First name | |
| Job title | |
| Email address | |
| Phone number | |
| Mobile number | |
| Total number of employees | |
| Number of employees involved in area(s) seeking accreditation | |
| Describe relationship and links between above-mentioned organizations and applicant entity seeking accreditation | |
| Any other information (specify) | |

| | |
|---|---|
| Name of branch(es) of the applicant entity at other location(s): | |
| Address | |
| Country | |
| CONTACT PERSON | |
| Salutation | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. |
| Last name | |
| First name | |
| Job title | |
| Email address | |
| Phone number | |
| Mobile number | |
| Total number of employees | |
| Number of employees involved in area(s) seeking accreditation | |
| Describe relationship and links between above-mentioned organizations and applicant entity seeking accreditation | |
| Any other information (specify) | |
| Section 3.2: If the applicant entity intends to outsource Article 6.4 mechanism functions to entities other than the entity's central office, please give the following details. The declared outsourced entities may be subject to assessments. | |
| Name(s) of the outsourced entity(ies) | |
| Address | |
| Country | |
| Function(s) outsourced | |
| Description of legal status of the outsourced entity(ies) | |
| Total number of employees | |
| Number of employees involved in area(s) seeking accreditation | |
| SECTION 4: INFORMATION ON TOP MANAGEMENT AND SENIOR STAFF | |

For each member of the top management, each member of the management team and quality manager, please provide the following details:

| | |
|----------------------------|---|
| Salutation | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. |
| Last name | |
| First name | |
| Job title | |
| Number of staff supervised | |
| Area of responsibility | |
| Work experience | |
| Trainings received | |
| Salutation | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. |
| Last name | |
| First name | |
| Job title | |
| Number of staff supervised | |
| Area of responsibility | |
| Work experience | |
| Trainings received | |
| Salutation | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. |
| Last name | |
| First name | |
| Job title | |
| Number of staff supervised | |
| Area of responsibility | |
| Work experience | |
| Trainings received | |
| Salutation | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. |
| Last name | |
| First name | |
| Job title | |

| | |
|----------------------------|--|
| Number of staff supervised | |
| Area of responsibility | |
| Work experience | |
| Trainings received | |

SECTION 5: DOCUMENTATION TO BE SUBMITTED AND DECLARATION

Documentation to be submitted

| | |
|---|--------------------------|
| This application form (A6.4-FORM-ACCR-001) duly completed | <input type="checkbox"/> |
| Completed the form "Declaration of other offices performing validation and verification/certification functions form (A6.4-FORM-ACCR-002)" | <input type="checkbox"/> |
| Completed the form "Self-completeness check (A6.4-FORM-ACCR-003)" referring to specific documents, procedures and forms that address the A6.4 mechanism accreditation requirements | <input type="checkbox"/> |
| Application fee on transfer order placed | <input type="checkbox"/> |
| Application fee on banking information of the transfer | <input type="checkbox"/> |
| Quality Manual | <input type="checkbox"/> |
| Financial statements of the last three years or any other relevant evidence such as shareholders' commitment for newly established companies | <input type="checkbox"/> |
| Documentation on its legal entity status | <input type="checkbox"/> |
| Names, qualifications, experience and terms of reference of senior management personnel such as the senior executive, board members, senior officers and other relevant personnel | <input type="checkbox"/> |
| Organizational chart of the applicant entity showing lines of authority, responsibility, allocation of functions and the structure of the sections/units/areas that will fall under accreditation and their relation to the rest of the organization | <input type="checkbox"/> |
| Quality assurance policy and procedures, including procedures and manuals on how the entity conducts validation and verification/certification activities | <input type="checkbox"/> |
| Administrative procedures including document control | <input type="checkbox"/> |
| Policy and procedures for the recruitment and training of AE personnel, for ensuring their competence for all necessary validation as well as verification and certification functions, and for monitoring their performance, including qualification procedures and competence matrix | <input type="checkbox"/> |
| Procedures for handling complaints, appeals and disputes | <input type="checkbox"/> |
| A declaration that the AE/DOE has no pending any judicial process for malpractice, fraud and/or other activity incompatible with its functions as an accredited independent entity | <input type="checkbox"/> |
| A statement that operations of the AE/DOE are in compliance with applicable national laws | <input type="checkbox"/> |
| If part of a larger organization and where parts of that organization are, or may become, involved in the identification, development or financing of any A6.4 project or programme of activity: | <input type="checkbox"/> |
| A declaration of all the organization's actual and planned involvement in Article 6.4 project or programme of activity, if any, indicating which part of the organization is involved and in which particular Article 6.4 project or programme of activity | <input type="checkbox"/> |
| A clear definition of links with other parts of the organization, demonstrating that no conflict of interest exists | <input type="checkbox"/> |
| A demonstration that no conflict of interest exists between its functions as a DOE and any other functions that it may have, and how business is managed to minimize any identified risk to impartiality. The demonstration shall cover all sources of conflict of interest, whether they arise from within the AE or from the activities of related bodies | <input type="checkbox"/> |
| A demonstration that it, together with its senior management and staff, is not involved in any | <input type="checkbox"/> |

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| commercial, financial or other processes which might influence its judgement or endanger trust in its independence of judgement and integrity in relation to its activities, and that it complies with any rules applicable in this respect | |
| List of all offices (including outsourced entities) and locations where the Article 6.4 mechanism validation, verification and certification functions are undertaken clearly indicating functions undertaken at each | <input type="checkbox"/> |
| Schedule of internal audits, management review meetings and impartiality committee meetings, indicating planned and completed activities | <input type="checkbox"/> |
| List of A6.4 projects and programme of activities completed and in process, indicating the status (only for re-accreditation and extension of sectoral scopes) | <input type="checkbox"/> |
| Summary of the changes since previous on-site assessment (only for re-accreditation and extension of sectoral scopes) | <input type="checkbox"/> |
| All documents referred to in the A6.4-FORM-ACCR-003 | <input type="checkbox"/> |
| Any other documents | <input type="checkbox"/> |
| <p>The Chief Executive Officer (CEO) or authorized official must authorize this form.</p> <p>Upon accreditation, this applicant entity agrees to comply with Article 6.4 mechanism accreditation requirements and procedures.</p> <p>I enclose a copy of the Quality Manual.</p> <p>I enclose an application fee and understand that this fee is not refundable except, in accordance with the appendix "Fees and costs" of the Article 6.4 mechanism Accreditation Procedure.</p> <p>I understand the manner in which the accreditation system operates and its functions. The Article 6.4 mechanism Supervisory Body does not accept any responsibility for the actions, or the results of any actions, of an accredited organization. I, the undersigned, agree, as the authorized officer of the applicant entity that any liability of the Article 6.4 mechanism Supervisory Body or the UNFCCC secretariat which may arise due to negligence related to an accreditation is limited to a refund of the non-reimbursable fee paid by the applicant entity.</p> <p>I declare that the information given in this application is correct to the best of my knowledge and belief. I undertake to inform the UNFCCC secretariat immediately of any changes with respect to the application and accept full responsibility for any costs incurred as a result of any changes not reported to the UNFCCC secretariat in accordance with the procedures for accreditation.</p> | |
| Signature | |
| Name | |
| Position | |
| Date | |

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Document information

| Version | Date | Description |
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| 01.1 | 9 September 2024 | Editorial revision to correct the contact email address and include additional rows in Section 4 for listing management personnel. |
| 01.0 | 31 March 2024 | Initial publication. |

Decision Class: Regulatory
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