## **FORM AD 2 – INSPECTION BODY REGISTRATION**

Objective: This form is to register an agency (company or organization), as well as to gather information and for monitoring purpose. This form does not indicate that a company is accredited under the Pusat Standard dan Akreditasi Brunei Darussalam.

AD 2: Inspection Body Registration									
Inspection Body Details									
Inspection Body Name									
Accreditation Body:				Accreditation Ref No:					
No.	Field of Inspection			Type and range of Inspection	Methods and Procedures				
	(e.g. Product Design, Products (material or		(e.g	g. In-services Inspection or Inspection of	(e.g. EC Directives, Regulations,				
	equipment), Installation, Plant, Premises,			new products)	Standard Specs, Internal Procedures)				
	Processes, Services and Surveys)								
	Is this application linked to an application to a local/ an overseas competent authority for the purposes								
of app	of appointment as a notified body? Please provide details)								
If 'Yes' Then please provide details:									
For whom does the inspection body undertake inspection?									
Own or Parent Organisation Other Organisation									

AD Ref: AD2

AD 2: Inspection Body Registration											
What independence type, as defined in ISO/IEC 17020, do you consider your inspection body to be?  Type A Type B Type C											
Does	Does your inspection body carry out any in-house calibration(s) of equipment used for any measurement activities?										
Yes No No If 'Yes' please provide details below:											
No.	(	MEASURED QUANTITIY/INSTRUMENT	REFERENCE STA	NDARD USED	PROCEDURE	PURPOSE (DETAILS OF MEASUREMENT ACTIVITIES THAT THIS SUPPORTS)					
MULTI-SITE APPLICATION:											
SITE NO.		SITE LOCATION		ACTIVITIES PERFORMED AT THIS SITE		CONTACT DETAILS					

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# **AD 2: Inspection Body Registration**

#### Note:

- a) Each page of this form should be initialed or signed.
- b) The last page of this form should include a signature with the organisation/company stamp.

#### **DECLARATION:**

• I declare that I am authorized, on behalf of the company, to submit this application, and that the information contained herein is both correct and accurate to best of my knowledge and belief.

Signature/Chop:	Name:			
	Designation:			
	Date:			

### **PLEASE SUBMIT TO:**

Email: accreditation@mofe.gov.bn

**Tel No:** 2333964

#### **Accreditation Unit**

Pusat Standard dan Akreditasi Brunei Darussalam

Ministry of Finance and Economy Block 19, Simpang 32-15 Bangunan Flat Kerajaan, Kampong Anggerek Desa Mukim Berakas 'A' BB 3713 Negara Brunei Darussalam

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