## FORM AD 8 – PERSONNEL CERTIFICATION BODY ISO/IEC 17024:2012

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 8: Personnel Certification Body Registration

Organisation Details		
Organisation Name:		
Accreditation Body:	Accreditation Ref No:	

Website:

## **CERTIFICATION PROGRAM(S)**

Please list the full name of each certification accreditation under ISO/IEC 17024:2012:

Name of Certification	Date of first testing (or pilot testing)	Number of active certifications (or number of pilot examinations administered)

If more than 10, please provide an attachment listing the information above for all certifications.

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## **COMPLIANCE WITH ELIGIBILITY REQUIREMENTS**

In the table below, reference supporting document(s)in the "Evidence" column for each eligibility requirement and attach the supporting documents when submitting this application:

Eligibility Requirement	Evidence
1. Organizational chart	
Provide an organization chart for the certification body. If the certification body offers both training/education and certification, the organization chart must illustrate a separation between certification functions and training/education functions.	
2. Defined scopes of each certification being submitted for	
accreditation	
Provide evidence of a publicly available description of each certification being submitted for accreditation.	
3. Job Task Analysis	
Provide evidence that a job task analysis/practice analysis has	
been conducted for each certification being submitted for	
accreditation.	

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#### 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 generation, to submit this application, and that the information contained herein is both correct and accurate to the best of my knowledge and behalf.

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