This form needs to be filled out by every CAB which has indicated that it conducts its conformity assessment activities on multiple site or on a territory different from Luxembourg’s in its application form under the point:

* B.8 or B.9 of application form for inspection bodies F001A
* B.7 or B.8 of application form for laboratories F001B
* B.7 or B.8 of application form for certification bodies F001C

The information below needs to be given for every site or every conformity assessment activity indicated in the application form. More information is available in annexes A013 and A014.

# General information regarding non-virtual sites

|  |  |
| --- | --- |
| Site 1 | |
| **Company name** |  |
| **Address** |  |
| **PC City** |  |
| **Country** |  |
| **Person responsible of site** |  |
| **Total number of employees** |  |
| **Number of technical personnel** |  |
| **Auxiliary activities** |  |
| **Conformity assessment activities (indicate the technical domain in question, if applicable)** |  |

|  |  |
| --- | --- |
| Site 2 | |
| **Company name** |  |
| **Address** |  |
| **PC City** |  |
| **Country** |  |
| **Person responsible of site** |  |
| **Total number of employees** |  |
| **Number of technical personnel** |  |
| **Auxiliary activities** |  |
| **Conformity assessment activities (indicate the technical domain in question, if applicable)** |  |

|  |  |
| --- | --- |
| Site 3 | |
| **Company name** |  |
| **Address** |  |
| **PC City** |  |
| **Country** |  |
| **Person responsible of site** |  |
| **Total number of employees** |  |
| **Number of technical personnel** |  |
| **Auxiliary activities** |  |
| **Conformity assessment activities (indicate the technical domain in question, if applicable)** |  |

If the number of site is greater than 3, please enclose an equivalent list on a separate document.

# Virtual sites

|  |  |
| --- | --- |
| Virtual sites | |
| **Description of the environment** |  |
| **Auxiliary activities** |  |
| **Conformity assessment activities (indicate the technical domain in question, if applicable)** |  |

Please include all additional virtual sites in a separate equivalent list.

# Information on conformity assessment activities on a territory other than Luxembourg’s

Only fill in this section if you have not filled section 1 or 2. Otherwise all information asked below should be already included above.

|  |  |
| --- | --- |
| Description of the activity |  |
| **Domain(s) in question** |  |
| **Country(ies) in which the activities are conducted** |  |

Please indicate clearly which activity is concerned by technical domain and the country in question. When necessary, please include an equivalent list.

# Documents to include

Please include the following documents:

* Nominal organigram of the complete organisation
* Description of hierarchical links and reporting lines between all the sites
* Proof of legal links between the sites and the primary site
* Draft of the scope of accreditation where conformity assessment activities conducted by every site are indicated
* For initial assessments: reports of internal audits and management review covering all sites.

# Terms and conditions

## For multi-site CABs

With my signature, I confirm for all sites legally established on the territory of the Grand-Duchy of Luxembourg, that:

1. All data given in this document is correct.
2. The management (cf. Definition in annex A013) assumes full responsibility for conformity assessment activities of the CAB and all legally linked sites.
3. OLAS is authorized to use this information in the frame of my application for accreditation.
4. No site is offering services under another name commercial name or logo than the one of the primary site.
5. All sites will fully cooperate with OLAS.

With my signature, I further confirm for all sites legally established in any other country, that:

1. OLAS is authorized to share all information regarding my application for accreditation (given on F001A, B or C and this form), as well as all information of my accreditation file in the frame of my accreditation with all national accreditation bodies of the countries in which sites included in my accreditation or application for accreditation are established.
2. I accept that OLAS sub-contracts assessments or parts thereof to the national accreditation body of the country in which sites of my organisation are established and I agree to accept the conditions imposed by that accreditation body.
3. I accept that the national accreditation body in question observes any accreditation activities by OLAS in its country in case these activities are not sub-contracted to that body.
4. All site and the primary site will cooperate transparently, while respecting all imposed deadlines by the body in question.

## For all other organisations concerned by this form

With my signature I confirm that:

1. All information given in this form are correct.
2. OLAS may use all information in the frame of my application for accreditation.
3. OLAS is authorized to share all information regarding my application for accreditation (given on F001A, B or C and this form), as well as all information of my accreditation file in the frame of my accreditation with all national accreditation bodies of the countries in which my CAB conducts conformity assessment activities indicated in this form.
4. I accept that OLAS sub-contracts assessments or parts thereof to the national accreditation body of the country in my CAB conducts conformity assessment activities and I agree to accept the conditions imposed by that accreditation body.
5. I accept that the national accreditation body in question observes any accreditation activities by OLAS in its country in case these activities are not sub-contracted to that body.

# Documents enclosed to this application

Please indicate all documents enclosed to the application in the table below.

|  |  |
| --- | --- |
| N° | Titre / Identification |
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Please enclose an equivalent list if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Done at: |  | On the: |  |
| By: |  | Position: |  |
|  |  |  |  |
|  |  |  | Signature[[1]](#footnote-1) |

1. signatory must be authorized to legally bind the organization [↑](#footnote-ref-1)