



Application Form for Conformity Assessment Bodies

# SUSTAINABLE FIBRE ALLIANCE



# Application Details

General Information	
<b>Organisation Name:</b>	
<b>Legal status</b>	<input type="checkbox"/> Private Limited Company <input type="checkbox"/> Private partnership <input type="checkbox"/> Public Body <input type="checkbox"/> Sole trader <input type="checkbox"/> Part of a learned/technical institution <input type="checkbox"/> Public limited company <input type="checkbox"/> Part of an academic institution <input type="checkbox"/> Other If 'other' please specify here:
<b>Main address:</b>	
<b>Website:</b>	
<b>Main contact name:</b>	
<b>Telephone:</b>	
<b>Email:</b>	
<b>Company Registration no:</b>	
<b>List all offices and branches of the applicant</b>	
Contact details for legal representative of applicant	
<b>Name:</b>	
<b>Position:</b>	
<b>Telephone:</b>	
<b>Email:</b>	

**Which of the following scopes are being applied for?**

Certification of Rangeland Stewardship

Certification of Animal Husbandry

Certification Clean Fibre Processing

Certification of the Chain of Custody

**What is the main business activity of your organisation?**

**Provide copies of your organisation's accreditation certificate(s)**

**Provide a list of ISO/IEC:17065 accredited scopes (if applicable)**

**Provide a statement of how the Conformity Assessment Body intends to carry out the SCS certification procedure**

**Provide a summary presentation of the relevant professional qualifications and experience for all designated personnel.**

Include Curriculum Vitae and copies of relevant certificates for all designated personnel with application.

**Declaration: I declare that I am authorised, on behalf of the Conformity Assessment Body, to submit this application, that the information contained herein is both correct and accurate to the best of my knowledge and belief and understand that submitting this application constitutes acceptance of the conditions of the SFA's Approval Procedure and Requirements for Conformity Assessment Bodies and agree to enter into a formal contract if approved.**

Signature			
Position			
Print name		Date	

For SFA office use only:

Applicant GI confirmed		Yes	No				
Accreditation Status	Accrediting Body				Accreditation verified	Yes	No
	Certificate No.				Expiry date		
Personnel names		CV attached	Certificates attached		Scope(s)		
		Yes or no	Assessor/Auditor	Relevant experience	Delete or circle applicable		
					AH	RS	CFP CoC
					AH	RS	CFP CoC
					AH	RS	CFP CoC
					AH	RS	CFP CoC
					AH	RS	CFP CoC
					AH	RS	CFP CoC
					AH	RS	CFP CoC
Do personnel skills/experience cover all scopes being applied for?					Yes	No	
Application approved		Yes	No	Reason if rejected			
Application processed by	Name						
	Signature				Date		