

GHG VALIDATION & VERIFICATION AS PER ISO 14065

Application Date:

1.	Name of the Conformity Assessment Body - Validation and Verification (CAB-VV)			
2.	a) Address of Head Office			
	b) Registered Office, if different from HO			
	c) Operational office, if it is different from above			
3.	Other Branch Offices	(Please fill up Annex-1, list each office in relation to Validation/ Verification activities)		
4.	Mailing Address (Write if different from HO)			
5.	Legal Entity Status	Nature of Registration of the Legal Entity		
		Is the CAB-VV part of a larger Legal Entity? (If yes, list other activities of the larger legal entity)		
		Is CAB-VV part of a larger Group If so, describe the relationship with the parent organization and other related bodies.		
6.	Name of the Head of the Applicant Body	Name:		
		Designation:		
		Phone No.:	Mobile No.:	
		Fax No.:	Web:	
		Email:		
7.	Name of Contact Persons	Contact 1	Name, Designation:	
			Mobile No.:	Email.:
		Contact 2	Name, Designation:	
			Mobile No.:	Email.:



GAB ACCREDITATION Application form



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8.	Any other GAB Accreditation held	NA	NA			
9.	Accreditation by any other body	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Accreditation Body Name	Accreditation Scheme	Accreditation Scheme			
10.	Scope(s) of Accreditation Applied for (Refer Annex 1 of Accreditation Procedure) (attach separate list as Annex if required)					
S.no.	ISO 14064-1	Scope	Sector	Complexity	Witness Group	Name GHG Programme, if applicable
S.no.	ISO 14064-2 Validation	Scope	Sector	Complexity	Witness Group	Name GHG Programme, if applicable
S.no.	ISO 14064-2 Verification	Scope	Sector	Complexity	Witness Group	Name GHG Programme, if applicable
Activities under other GHG Programme/ Programme(s) applied for						
a. List of Clients and projects done, with project activity title						
b. List of GHG scope and sectors covered under other the GHG Programme/ Programme (s)						
c. Any other GHG Validation/ Verification related activity						
d. No. of Validations and/ or Verification by Type (Organization/Project) under these programme/ Programme(s)						
e. Geographical Spread of the VV locations covered under GHG related activities applied for.						
f. List Other Accreditations/ Recognitions related to GHG activities, in the current or past, with the validity details.						
(Attach another sheet enlisting all details, from a to f)						



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11.	Other GHG Programmes/ Programmes CAB-VV is engaged in			
		<p>*Other GHG Programme / Programmes include the Corporate Requirements, International / Covenants Requirements, GHG Protocols, Emission trading Programmes, Bilateral programmes etc, for which applicant CAB-VV provides services for.</p> <ul style="list-style-type: none"> • CDM/ JI as per UNFCCC, Chicago Climate Exchange, Climate Registry, VCS, Gold Standard, REC/ PAT, Emission Trading Programme, WRI/ WBCSD GHG Protocol, Accreditation to ISO 14065 by other Accreditation Body, and Others 		
12.	Number of Validators/ Verifiers and Other Staff , add separate sheet for more locations.			
		Head Office	Location 1 -	Location 2 -
	Full-time Validators & Verifiers			
	Contracted Validators & Verifiers			
	Technical Experts			
	Administrative Staff			
	Technical Reviewer			
	Total			
13.	Other Activities besides Validation/ Verification (Attach separate list as Annex if required)			
14.	Related Bodies, if any (Please name the Related Bodies and describe their activities. Attach separate list if required).			
15.	Liability Insurance/ Arrangements by CAB-VV			
16.	Financial Details (for last 3 FY)	Income	Expenditure	Profit/ Loss
	FY-1			
	FY-2			
	FY-3			



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17.	Confirmation of meeting Minimum Eligibility Requirements for accreditation	a. Has operated the V/V systems and process for at least six months as a minimum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Since:
		b. Has completed one Internal Audit against the applicable criteria of GHG and Accreditation standards	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
		c. Has completed one Management Review	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
		d. Has completed two Validation / Verification as per ISO 14064-1 and 14064-2 or any other equivalent internationally recognized GHG programme/ Programme. i) Where CAB-VV applies only for ISO 14064-1 only, two completed organization level verification should have been done. ii) Where CAB-VV applies for both ISO 14064-1 and ISO 14064-2, two completed validation and verifications under each standard should have been done, of which one should be validation project.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
		<ul style="list-style-type: none"> Provide the list of name of validation/ verification, project/ organisation, as per standard, type of activity, date of completion and issuance of GHG assertion as per ISO 14064. 	Annex #:	
18.	List of enclosures			
	1. Application fee			
	2. Cross-reference Matrix (duly filled)			
	3. Quality Manual, Procedures and other documentation (soft copy)			
	4. Legal Status document (scanned copies)			
	5. Sample/ Template of the Validation and Verification Statements, if any			



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6.	Sample of the Validation/ Verification agreements with the client for the applied standards (if issued, else the template).	
7.	Sample of the Mark of the applicant and Proof of its Ownership rights	
8.	List of the total no. of personnel and no. per applied scope/ sector for - validator/ verifiers staff (full time, contract, experts), reviewer, programme administrators, location-wise with their specialization against the scopes applied for	
9.	List of the Validated and Verified organizations against each scope and sector	
10.	List of the Validated and Verified organizations against each scope and sector in other GHG programme/ Programme etc (as per clause 11)	
11.	Description of the Liability insurance held (attach scanned copy)	
12.	Letter of authorization from management to act on behalf of the CB as authorized signatory	
13.	Others (Attach separate list as Annex , elsewhere specified in the application, and Separate Annexes for each Programme)	

I/We, on behalf of _____ apply for accreditation against the scopes specified in column 10, and declare that

1. The information given in this application is true.
2. The accreditation criteria and accreditation procedures have been read & understood.
3. The applicant body has adequate resources to conduct certification in accordance with the accreditation criteria and other guidance documents.
4. The applicant body will pay the fee as per the applicable fee schedule.
5. If any information given by the applicant body is wrong or the applicant body is found to be not complying to the criteria of accreditation or other specified rules and regulation, the accreditation may be suspended or withdrawn at the discretion of the GAC.
6. The applicant body agrees to provide access to all the information relevant to the validation/ verification system (including details of other GHG accreditation programme/ Programmes, complaints, disputes and appeals) for which accreditation is sought.
7. This applies to all premises where the conformity assessment services take place.



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8. The applicant body shall inform GAC, without delay of significant changes relevant to its application/ accreditation, in any aspect of its status or operation relating to
 - i) Its legal, commercial, ownership or organizational status,
 - ii) The organization, top management and key personnel,
 - iii) Main policies,
 - iv) Resources and premises,
 - v) Scope of accreditation, and
 - vi) Other such matters that may affect the ability of the applicant body to fulfil requirements for accreditation.
9. The applicant body, from the date of signing of this application,
 - i) Shall continually comply with the accreditation criteria and the rules of GAC including adapting to the changes in the requirements for accreditation.
 - ii) Shall ensure that none of the acts of omission or commission of the applicant body will bring the accreditation and certification system to disrepute.
 - iii) Shall ensure that it will not overstate its capabilities with respect to the scopes for which it has applied for accreditation.
 - iv) Shall provide access to those documents that provide insight into the level of independence and impartiality of the applicant from its related bodies, where applicable
 - v) Shall arrange the witnessing of the services when requested by the accreditation body
 - vi) Shall claim accreditation only with respect to the scope for which it has been granted accreditation,
 - vii) Shall not use accreditation in such a manner as to bring the GAB into disrepute,
 - viii) Shall pay fees as determined by the accreditation body,
 - ix) Shall take appropriate corrective and preventive action on its conduct and issues that are identified by the GAC as contrary to its terms and conditions.

Signatures of Authorized Signatory

Signature:		
Name:	1.	2.
Designation:		
Date:		
Place:		
(Stamp of Legal Entity of CAB-VV)		



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DETAILS OF THE BRANCH OFFICES

(Please refer item 3 of the application)

List all office locations of CAB-VV and indicate where activities* for the validation/ verification programme are conducted.

Include the activities that take place in each office, such as- policy formation, process and/or procedure development and, as appropriate, contract review, planning and executing validation/verification activities, review, approval and decision on results of validation/verification activities.

1. BRANCH OFFICES:				
Location	Address/contact details	Activities performed	Resources- Validators/ Verifiers/ Reviewers/ GHG Programme Administrator	No. of V/V statements issued under this branch
1.				
2.				
2. SUBCONTRACTORS/ FRANCHISEES, if any				
Name	Address/contact details	Activities performed	Resources- Validators/ Verifiers/ Reviewers/ GHG Programme Administrator	No. of V/V statements issued under this subcontractor
1.				
2.				
3. ANY OTHER BUSINESS ASSOCIATES (MARKETING OR ANY OTHER PURPOSE)				
Name	Address/contact details	Activities performed	Resources- Validators/ Verifiers/ Reviewers/ GHG Programme Administrator	No. of V/V statements issued for clients provided
1.				
2.				

I/We, on behalf of [Legal Name of the CAB-VV] declare that the above information provided in the Declaration of Offices are true.

Signed by:		Date:
		Place:
Authorised Signatory of Applicant CAB-VV	Stamp of CAB-VV	



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LIST OF ANNEXES

(As referred within Application)

(This is in addition to “Item 18 List of Enclosures”)

Eg: Other GHG programme / Programme details, validator/ verifier location matrix, liability insurance/ arrangements, financials, etc.