



Annex 3

**FORM FOR APPLICATION FOR ACCREDITATION
BY THE JOINT IMPLEMENTATION SUPERVISORY COMMITTEE**



**APPLICATION FOR ACCREDITATION
BY THE JOINT IMPLEMENTATION SUPERVISORY COMMITTEE**

PART 1: GENERAL INFORMATION

This form should be completed in full and returned to:

United Nations Framework Convention on Climate Change (UNFCCC)

Attention: Mr. James Grabert

P.O. Box 260 124

D-53153 Bonn

Germany

Tel: (49) 228 815 1413

Fax: (49) 228 815 1999

E-Mail: secretariat@unfccc.int

Please complete ALL applicable sections of the form in CLEAR PRINT or in type.

This form is available in electronic form. Please do not modify the form other than filling in cells provided for this purpose. Any form that is modified will not be recognized as a valid application. Should you have difficulties in filling out the form, please contact the UNFCCC secretariat.

If you wish to complete and forward the form by e-mail, please note that the UNFCCC secretariat does not accept responsibility for breach of confidentiality of information or for the receipt of applications. All applications submitted by e-mail must be forwarded, duly signed, by surface/special courier mail.

Receipt of payment of the application fee shall be required prior to processing the application.

Note: If you do not receive acknowledgement of receipt of your application from the UNFCCC secretariat by e-mail or fax within three (3) weeks of dispatch you should contact the secretariat.

Organization	(Name, Acronym) English: Operational language of organization:		
Contact Person	Family name, first name:	Title	
Position			
Physical Address			
		Tel	
Postal Address			
		Fax	
Mobile tel		E-mail	
Reference of scope(s) applied for		Proposed new sectoral sub-scope(s) <i>(indicate new name)</i>	<i>(Please provide more detail in Part 4 below)</i>
TYPE OF ACCREDITATION SOUGHT (Please tick one)			
Initial accreditation <small>(only applicable to entities which are not accredited independent entities)</small>	<input type="checkbox"/>	Extension of scope of accreditation	<input type="checkbox"/>
			Re-accreditation <input type="checkbox"/>
Other <i>(Please specify)</i>			

PART 2: INFORMATION REGARDING YOUR ORGANIZATION			
Description of the main activities of the applicant independent entity (<i>Please underline those activities for which accreditation is sought</i>):			
If the applicant independent entity is owned by another organization or is part of a larger organization or has branches/divisions at other locations, please give the following details:			
Name, address and contact information (Tel, Fax, E-mail) of: (<i>Please delete non applicable row(s)</i>).			
Parent organization:			
Other organizations in group/divisions:			
Branches at other locations			
Relationship and links between the above-mentioned organizations and the applicant independent entity seeking accreditation (<i>Please describe</i>).			
What is the legal status of your organization?			
Total number of employees in the whole organization or group of organizations		Number of employees involved in area(s) seeking accreditation	
Please attach an organigram of your organization indicating the structure of the sections/units/areas to be accredited and their relation to the rest of the organization.			
Have all potential sources of conflict of interest, whether they arise within your organization or from the activities of the related bodies, been identified?			
Please explain what measures have been taken to avoid any actual or potential conflict of interest between your organization's functions as an accredited independent entity and any other functions that it may have, and how business is managed to minimize any identified risk to impartiality. In doing so, please cover all potential sources of conflict of interest identified referred to in the question above.			
Please explain what measures have been taken to avoid the involvement of your organization, together with its senior executive and staff, in any commercial, financial or other process which might influence its judgement or endanger trust in its independence of judgement and integrity in relation to its activities, and to comply with any rules applicable in this respect.			

Is the organization a accredited/designated operational entity for the clean development mechanism? If so, please provide details e.g. when, in what sectoral scopes, in what functions?	
Has the organization ever been accredited before to certify quality management systems and/or environmental management systems? <i>(If so, please state by which body).</i>	
Does the organization have an established formal system? <i>(e.g. ISO Guide 62, 65, 66 or other)</i>	
How long has the system referred to in the previous question been in operation?	
What training has been provided for implementation and maintenance of the system? To whom has it been provided?	

PART 3: INFORMATION ON SENIOR STAFF			
For each staff member having responsibility for a product or service for which accreditation is sought, please give the following details. This includes the Quality Manager and Technical Manager , where applicable.			
Name		Position	
Area of responsibility		No. of staff directly or indirectly supervised in area	
Qualifications, experience and training:			
Name		Position	
Area of responsibility		No. of staff directly or indirectly supervised in area	
Qualifications, experience and training:			
Name		Position	
Area of responsibility		No. of staff directly or indirectly supervised in area	
Qualifications, experience and training:			
Name		Position	
Area of responsibility		No. of staff directly or indirectly supervised in area	
Qualifications, experience and training:			
Name		Position	
Area of responsibility		No. of staff directly or indirectly supervised in area	
Qualifications, experience and training:			
Name		Position	
Area of responsibility		No. of staff directly or indirectly supervised in area	
Qualifications, experience and training:			

PART 4: PROPOSED SCOPE OF ACCREDITATION (“sectoral scope”)	
<i>In case several new sectoral scopes are proposed please copy and paste the following five (5) rows and fill in accordingly.</i>	
Name of proposed new sectoral scope	
If the proposal is an extension of or linked to an existing sectoral scope, please provide reference	
Define the proposed new sectoral sub-scope:	
Proposed criteria for assessing competence of an independent entity applying for the proposed new sectoral scope:	

PART 5: DECLARATION	
<i>The Chief Executive Officer (CEO) or authorized official must authorize this form.</i>	
The following is enclosed (<i>please tick/indicate, as appropriate</i>):	
Copy of the Quality Manual	Application Fee: Transfer order placed (<i>please attach banking information on the transfer</i>)
Other documentation <u>SEE NOTE 1</u> (<i>Specify any attachment to the application form and/or tick below</i>)	
<p><u>NOTE 1</u></p> <p>Documentation to be submitted:</p> <p>a) Application form duly completed.....</p> <p>b) Copy of the documentation of the legal status.....</p> <p>c) Particular documents relating to the sectoral scope applied for accreditation</p> <p>d) A declaration of all the organization's (i.e. including those being parts of the same larger organization) actual and potential involvement in identification, development or financing of JI projects.....</p> <p>e) A declaration that the applicant independent entity does not have pending any judicial process for malpractice, fraud and/or other activity incompatible with its functions as an accredited independent entity....</p> <p>f) Documentation on its quality assurance policy and procedures, including a procedures manual for performing determinations within the sectoral scope applied for.....</p> <p>g) Documentation on administrative procedures including document control.....</p> <p>h) Documentation on policy and procedures for the recruitment and training of its personnel, for ensuring their competence for all necessary functions and for monitoring their performance.....</p> <p>i) An organizational chart showing lines of authority, responsibility and allocation of functions stemming from the senior executive.....</p> <p>j) Documentation on its procedures for handling complaints, appeals and disputes.....</p> <p>k) A statement that its operations are in compliance with applicable national law.....</p>	Please tick
<p>Upon accreditation, this applicant independent entity agrees to comply with the JI accreditation requirements and procedures.</p> <p>I enclose a copy of the Quality Manual.</p> <p>I enclose an application fee. I understand that this fee is not refundable except, in accordance with the annex "Fees and costs" of the procedure for accrediting independent entities by the Joint Implementation Supervisory Committee (JI accreditation procedure), in the case that the JI-AP modifies the proposed scope and this applicant decides to withdraw its application.</p> <p>I understand the manner in which the accreditation system operates and its functions. The Joint Implementation Supervisory Committee (JISC) does not accept any responsibility for the actions, or the results of any actions, of an accredited organization. I, the undersigned, agree, as the authorized officer of the applicant independent entity that any liability of the JISC or the secretariat which may arise due to negligence related to an accreditation is limited to a refund of the non-reimbursable fee paid by the applicant independent entity.</p> <p>I declare that the information given in this application is correct to the best of my knowledge and belief. I undertake to inform the UNFCCC secretariat immediately of any changes with respect to the application and accept full responsibility for any costs incurred as a result of any changes not reported to the UNFCCC secretariat in accordance with the JI accreditation procedure.</p>	
Signed and stamped	
Name (<i>print</i>)	
Position if other than CEO	
Date	