



**Information on Certification Body:**

1. How many years has the certification program been in operation?
2. Total Number of technical staff involved in certification activities in your organization (list by group of evaluation staff, review staff and decision makers)?
3. Does your organization have activities in more than one country? If so, list the locations and indicate what activities are performed at each location. (Use separate sheet to list additional locations.)
4. Does the organization use a certification mark?  Yes  No
5. If applicable, have you already applied to the Scheme Owner for approval/recognition? (Some schemes require provisional approval from Scheme Owner and then achieve accreditation within a timeframe.)  
 Yes  No  N/A

**Past Accreditation Information:**

1. Are you currently accredited, or have you been accredited within the past five years?  Yes  No  
If yes, please provide the name of the accreditation body and the current expiration date of accreditation. If no longer accredited, provide the approximate end date of accreditation.
2. Please note below if your accreditation has ever been suspended or cancelled:  
 Suspended  Cancelled  Not Applicable  
Date of Suspension or cancellation:
3. Was your accreditation fully reinstated after suspension/cancellation?  Yes  No  N/A