**FORM AD 2 – INSPECTION BODY REGISTRATION**

Objective: This form is to register an agency (company or organization), as well as to gather information and for monitoring purpose. This form does not indicate that a company is accredited under the Pusat Standard dan Akreditasi Brunei Darussalam.

## AD 2: Inspection Body Registration

| **Inspection Body Details** | | | |
|---|---|---|---|
| Inspection Body Name | | | |
| Accreditation Body: | | Accreditation Ref No: | |

| **No.** | **Field of Inspection** (e.g. Product Design, Products (material or equipment), Installation, Plant, Premises, Processes, Services and Surveys) | **Type and range of Inspection** (e.g. In-services Inspection or Inspection of new products) | **Methods and Procedures** (e.g. EC Directives, Regulations, Standard Specs, Internal Procedures) |
|---|---|---|---|
| | | | |
| | | | |
| Is this application linked to an application to a local/ an overseas competent authority for the purposes of appointment as a notified body? Please provide details) | | | |
| If 'Yes' Then please provide details: | | | |

**For whom does the inspection body undertake inspection?**

Own or Parent Organisation ☐ Other Organisation ☐

## AD 2: Inspection Body Registration

**What independence type, as defined in ISO/IEC 17020, do you consider your inspection body to be?**

Type A ☐ Type B ☐ Type C ☐

**Does your inspection body carry out any in-house calibration(s) of equipment used for any measurement activities?**

Yes ☐ No ☐

*If 'Yes' please provide details below :*

| No. | MEASURED QUANTITIY/INSTRUMENT | REFERENCE STANDARD USED | PROCEDURE | PURPOSE (DETAILS OF MEASUREMENT ACTIVITIES THAT THIS SUPPORTS) |
|---|---|---|---|---|
| | | | | |

**MULTI-SITE APPLICATION:**

| SITE NO. | SITE LOCATION | ACTIVITIES PERFORMED AT THIS SITE | CONTACT DETAILS |
|---|---|---|---|
| | | | |

## AD 2: Inspection Body Registration

**Note:**

**a) Each page of this form should be initialed or signed.**

**b) The last page of this form should include a signature with the organization/company seal.**

**DECLARATION:**

- I declare that I am authorized, on behalf of the company, to submit this application, and that the information contained herein is both correct and accurate to best of my knowledge and belief.

Signature/Company seal:

Name:

Designation:

Date:

**PLEASE SUBMIT TO:**

**Email**: accreditation@meti.gov.bn

**Tel No:** 2333964

**Accreditation Unit**
**Pusat Standard dan Akreditasi Brunei Darussalam**
Ministry of Economy, Trade and Industry
Block 19, Simpang 32-15
Bangunan Flat Kerajaan, Kampong Anggerek Desa
Mukim Berakas 'A' BB 3713
Negara Brunei Darussalam