

April 2017



International Federation of Inspection Agencies

Application form



Applicants for IFIA Membership:

Please complete the attached questionnaire and return it by email to:

secretariat@ifia-federation.org

Application for Membership

All information given in responding to this questionnaire will be treated in confidence

The Articles of Association of IFIA and Council Regulations set out the criteria to be met in order to be considered for membership of IFIA. In order to assist us to process your application, would you please complete the questionnaire below and return it to IFIA.

IFIA Council Regulation 1, which sets out the membership criteria, is available to be downloaded from the IFIA website.

Notes to assist the IFIA Membership Application Process

If you wish to apply for membership, the application process is in four steps:

1. The first is completion of the Application Form. Please complete and sign the Application Form and attach extra sheets if necessary to contain all relevant information. Then please return the completed Application Form and relevant documents to IFIA via email (secretariat@ifia-federation.org). On receipt of the Application Form an invoice for an Application Fee of 1000€ will be issued. This Fee is to cover the expense of IFIA in reviewing and processing your application. This is a non-returnable application fee.
2. Your application will then be reviewed by the Director General and Secretary of IFIA to ensure that the intent of the membership regulations is satisfied. (Council Regulation 1 paragraph 1.6.2)
3. The Director General will then arrange for IFIA's auditors (using a branch local to you where possible) to visit you in order to review, on behalf of IFIA, the information that you have provided and to gather additional information to enable the Director General to assess your compliance with the membership criteria and your suitability for IFIA membership. This third step will incur the costs of the auditor's visit and any travel expenses. The cost of this audit will be estimated in light of the size of your company and the location of your offices. You will then be asked for payment in advance to cover those costs. The overall audit costs are unlikely to exceed the annual membership subscription for a C2 Member of IFIA. (Council Regulation 1 paragraph 1.6.3).
4. When the Director General is satisfied that you fully meet the IFIA membership criteria he/ she will submit your application to the Council of IFIA for approval. (Council Regulation 1 paragraph 1.6.4)

Note 1. IFIA has a group membership structure, which means that if your testing/inspection/certification business operates as a group of subsidiary or associated companies the group as a whole has to become the Member of IFIA, subject to all group members meeting the membership criteria. In this case one company (usually the group holding company or principal operating company) is designated as the IFIA Member and represents the other group companies. If this applies to your business you should complete question 3.2 of the application form.

Note 2. With regard to question 10, if you do not have a certified or accredited quality management system covering all of your predominant permanent service units at the time that you wish to make your membership application, you are invited to discuss how this may affect your application process.

Note 3. Question 12 on the Application Form relates to implementation of the IFIA Compliance Code. IFIA invites you to discuss the practicalities and timescale of your company's implementation of an approved Compliance Programme when you are preparing your application. You will probably not have all the elements of such a programme in place at the time of application but it will be necessary to assure the IFIA Council, as and when a recommendation is made that your company be accepted into IFIA membership, that you have adopted an approved version of the Code and that its implementation throughout your organisation is in progress. Paragraph 1.4 of Council Regulation No. 1 specifies the time scale within which an external auditor's Report will be required under the Compliance Code in respect of new Members.

Note 4. Sector specific technical requirements as referred to in Part 2 Requirement 2.14 of Council Regulation No. 1 can be found in the Committees section of the IFIA website.

Note 5. Please note that Associated Membership, as referred to in paragraph 1.2.3 of Council Regulation No. 1, is only available for companies engaged in the testing/inspection/certification business which are subject to ownership by a national government, government agency or government controlled entity and have satisfied the requirements for associated membership under Council Regulation 5.

For further assistance, please contact the secretariat.

International Federation of Inspection Agencies

Questionnaire for completion by applicants

PART 1 DETAILS OF THE APPLICANT

1. Applicant's details [If the application covers a group of companies, these details should relate to the group head office or other entity which will be nominated as the group's representative in the event of admission to membership of IFIA]

1.1 Full name of applicant entity

1.2 Registered address

1.3 Operational address if different from 1.2

1.4 Telephone number

1.5 Fax number

1.6 E-mail address

1.7 Website address

1.8 Date of foundation of the business

2. Category of Membership (Council Regulation 1 paragraph 1.2)

What is the annual turnover of the applicant group of companies? (please specify currency)

Please specify the period to which the above turnover applies (eg financial year to end December 2014)

Which category of IFIA membership are you applying for?

A1 Greater than 800 million Euros?

A2 Between 500 million and 800 million Euros?

B1 Between 300 million and 500 million Euros?

B2 Between 100 million and 300 million Euros?

C1 Between 10 million and 100 million Euros?

C2 Less than 10 million Euros?

3. Legal Status of the Applicant (Council Regulation 1 paragraph 1.2.2)

3.1 What is the legal status of the applicant? [Complete either A, B, C or D]

A. Limited company quoted on a stock exchange

A.1 If quoted, state which stock exchange

B. Limited private company

B.1 Names of controlling shareholders

C. Unincorporated Firm or Partnership

C.1 Full names of all the partners or proprietors

D. Trust, Foundation or other legal entity

D.1 Please describe legal status and ownership

3.2 To be answered by applicants for group membership only. Please see Note 1 above for the explanation of group membership

3.2.1 Please provide a list of the names and/or countries of operation of all companies or other legal entities included in your application for group membership:

3.2.2 Is every company included in this list either a subsidiary or associated company of the group holding company (or a related firm in the case of partnerships), that is, either at least 50% owned or under effective management control or the subject of substantial long term investment giving significant influence to the investing company?

Yes ☐

No ☐

PART 2 CONFORMITY WITH IFIA'S MEMBERSHIP REQUIREMENTS (See Council Regulation 1)

1. Fields of Activity of the Applicant and its Organisation (Council Regulation 1 Requirement 2.1)

1.1 Please give a brief explanation of the business of your company or group and the sectors of business in which it is active. Please attach a copy of your Annual Report and any group directory if available:

1.2 In respect of activities falling within the Profession (as defined in Council Regulation 1 Requirement 2.1):

1.2.1 Indicate, by ticking the relevant box(es), the sector(s) of business in which your company or group is active. Please see the IFIA website (www.ifia-federation.org) 'Committees' for details of the following sector activities:

Testing/inspection of Agricultural Products

☐

Testing/inspection of Mineral Products

☐

Testing/inspection of Petroleum/Petrochemical Products

☐

Inspection of imports for Governments

☐

Inspection of Industrial Services

☐

Testing/inspection/certification of Consumer/Industrial Products

☐

Testing/inspection/certification of Food Products

☐

Social Compliance Auditing

☐

Other testing/inspection/certification services. Please specify:

1.2.2 What is the total number of personnel employed by the applicant either on a permanent, contract or part time basis in these activities?

1.2.3 How many of these personnel are full time permanent employees?

- 1.3 Please list any companies, firms or other bodies under your effective legal or management control which are engaged in activities falling outside the Profession (as defined in Council Regulation 1 Requirement 2.1) and briefly describe the fields of business in which they are active:

2. **Date of commencement in the business of the Profession** (Council Regulation 1 Requirement 2.2)

3. **Management** (Council Regulation 1 Requirement 2.3)

Has any Director or Officer of the applicant company or other group member company been convicted of any offence related to the management of any company or its business?

Yes ☐

No ☐

4. **Financial Resources** (Council Regulation 1 Requirement 2.4)

For Corporations, what is the current issued capital of the applicant company (including any relevant group companies)?
Please state the currency

You may be required to provide a statement from your auditors or other competent authority that the net assets of your company are not less than the issued capital, or for applicants that are not Corporations, an equivalent statement of assurance.

5. **Professional Liability Insurance** (Council Regulation 1 Requirement 2.5)

Are all of the activities of the applicant covered by adequate professional liability insurance?

Yes ☐

No ☐

What risk assessment analysis was carried out to determine the level of insurance?

Who carried out this assessment?

6. Subsidiary Company (Council Regulation 1 Requirement 2.6)

Is the Applicant for IFIA membership a subsidiary or division of a larger group?

Yes ☐ No ☐

If the answer to this question is Yes, are all of the group's worldwide activities in the business sector(s) identified in Q1.2.1 above undertaken by, or under the control of, this subsidiary or division?

Yes ☐ No ☐

7. Independence and Ownership (Council Regulation 1 Requirement 2.7)

7.1 Is the applicant an independent third party organisation and which fully complies with all of the requirements of Council Regulation 1 Requirement 2.7?

Yes ☐ No ☐

7.2 Does any trader, broker, insurance company or other such user of the services of the Profession have any shareholding or management involvement in your company or any group company to which this application relates?

Yes ☐ No ☐

If the answer to this question is yes, please provide details

7.3 Does any Government or Government agency have any shareholding or management involvement in your company or any group company to which this application relates?

Yes ☐ No ☐

If the answer to this question is Yes, please advise which Government and the nature of their shareholding and/or management involvement:

8. Conflicts of Interest (Council Regulation 1 Requirement 2.8)

8.1 Is the applicant and/or its personnel the designer etc (as specified in Part 2 Requirement 2.8) of any goods, services or materials that are subject to the applicant's testing/inspection/certification activities?

Yes ☐ No ☐

8.2 Does the applicant have processes and controls in place to prevent conflicts of interest that might threaten the independence of judgement and integrity of its personnel?

Yes ☐ No ☐

9. Impartiality, Independence and Integrity (Council Regulation 1 Requirement 2.9)

Does the applicant have processes and controls in place to ensure its impartiality, independence and integrity and those of its personnel in the provision of the applicant's testing/inspection/certification activities?

Yes ☐ No ☐

10. Quality Management System Certification (Council Regulation 1 Requirement 2.10)

With which international standard(s) does your company's quality management system comply?

Please attach to this application form a copy of the current certification/accreditation body certificate (including annexes) confirming the applicant's compliance with the appropriate international standard.

11. Health and Safety Management Programme (Council Regulation 1 Requirement 2.11)

Does the applicant have a Health and Safety Management Programme currently in operation?

Yes ☐ No ☐

If the answer to the above is 'No' please answer the following question.

If admitted to membership of IFIA, do you expect to be able to demonstrate implementation of a Health and Safety Management Programme throughout your organisation, as required by Requirement 2.11 of IFIA Council Regulation 1 within the first year of your membership?

Yes ☐ No ☐

12. Compliance Programme (Council Regulation 1 Requirement 2.12)

12.1 Does the applicant have any form of Compliance Programme currently in operation?

Yes ☐ No ☐

12.2 If admitted to membership of IFIA, do you expect to be able to demonstrate implementation of the IFIA Compliance Code throughout your Organisation, as required by Requirement 2.12 of IFIA Council Regulation 1 within the first year of your membership?

Yes ☐ No ☐

13. Personnel Qualifications (Council Regulation 1 Requirement 2.13)

13.1 Do all of the applicant's personnel involved with the testing/inspection/certification process fully comply with Council Regulation 1 Requirement 2.13?

Yes ☐ No ☐

13.2 Do you have any form of Training Programme currently in operation to ensure ongoing compliance with the above requirements?

Yes ☐ No ☐

14. Sector Specific Requirements (Council Regulation 1 Requirement 2.14)

If you are active in a sector that has additional membership criteria or codes of practice, are you willing to implement fully these sector specific requirements?

Yes

☐

No

☐

Please see the Committees section of the IFIA website for the current status of all relevant additional membership criteria and codes of practice.

15. National Prohibitions

Please provide information on any governmental or judicial act that, either currently or within the last three years, has prohibited any part of your organisation from working in any country.

Signed: _____

Date: _____

Print Name: _____

Position: _____