**Type Approval Audits Request Form**

****Please complete and send the completed form to the nearest ABS Survey Office

**ABS Manufacturer Assessment (MA) Eligibility:** Have a quality management system certified to the latest ISO9001 Certification or equivalent and who owns active Product Design Assessments (PDA) or Duplicate PDAs.

The validity of both PDA/PDA-DUP and MA entitles the product to receive a **Confirmation of Type Approval**.

**ABS Product Quality Assurance (PQA) Eligibility:** Active MA, have surveyor’s recommendation of enrollment, as allowed by ABS Rules

**European Union Mutual Recognition (EU MR) Type Approval Certificate Eligibility:** Have a quality management system certified to the latest ISO9001 Certification or equivalent and who has successfully gone through EU MR Design Evaluation, products are eligible under [*Agreed Technical Requirements for Mutual Recognition*](http://www.euromr.org/technical-requirements).

**I. Company Details**

|  |  |
| --- | --- |
| Company Name |       |
| Company Address (Physical location for audit) |       |
| Worldwide Client Number |        | ABS Survey Office |       |
|  |  |  |  |
| **II. Contact Details for display on the** [**ABS Website**](https://www.eagle.org/ABSEaglePrograms/ta/ta-search.jsp)Below details will be shown in the ABS Type Approval database available for public search |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone |       | Fax |       |
| Email |       | Website |       |

 |
| **III. Contact Details for ABS Audits/Quality Management** Certificate renewal reminders will be sent to the below email addresses

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Person 1 |       | Email |       |
| Contact Person 2 |       | Email |       |

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| **IV. ISO 9001 Certificate (or Recognized Equivalent)**

|  |  |
| --- | --- |
| Issuing Body |       |
| Certificate Number |       |
| Effective/Expiry Date |       |

**V. Valid PDA/PDA-DUPs**

|  |  |
| --- | --- |
| Certificate Number(s) |       |
| Covered Product(s) |       |

|  |
| --- |
| **VI. Type of Requests** |
| **MA** |
| Initial |[ ]  Annual Audit 1st [ ]  2nd [ ]  3rd [ ]  4th [ ]  | Renewal [ ]   |
| Existing MA Certificate No. (if applicable):       |
| **PQA** |
| Initial [ ]  | Semi-Annual Audit 1st [ ]  2nd [ ]  3rd [ ]  4th [ ]  5th [ ]  |
| Renewal [ ]  | Annual Audit 1st [ ]  2nd [ ]  3rd [ ]  4th [ ]  |
| Existing PQA Certificate (if applicable):       |
| **EU MR Type Approval** |
| Initial  |  [ ]  | Annual Audit 1st [ ]  2nd [ ]  3rd [ ]  4th [ ]  | Renewal [ ]   |
| Existing EU MR Type Approval Certificate No. (if applicable):       |
| **Other Reasons** Example: change of company name, address, products, etc. |
| Please explain:       |

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**VII. Acknowledgement**

I warrant that I have the authority to present the product for ABS Type Approval and the authority to use and distribute all information and data supplied in support of this application for ABS Type Approval. Furthermore, I agree that any Audits performed subsequent to this request shall be performed in accordance with and subject to the provisions contained in Part 1, ABS Rules For Conditions of Classification in effect as of the date of this request.

ABS is to be notified in writing of any product nonconformity resulting in the issuance of a Safety/Service Alert and/or Bulletin. Such an Alert and/or Bulletin, together with detailed information on the non-conformity (including root causes and the impact to the industry or vessel(s)) are to be made readily available to ABS. If an Alert/Bulletin is issued, an audit inquiry (and audit finding if necessary) is to be made to document what corrective measures were implemented. These include actions to quality process discrepancies that may have been a root cause to the incident. Any process change and root cause analysis are to be made readily available to ABS upon request. Notifications are to be sent to absta-programs@eagle.org.

|  |  |
| --- | --- |
|       |       |
| **Print Name** | **Date** |
|  |
| **Applicant’s Signature** |