**External Specialist Request Form**

Please complete and send the signed request form to the nearest ABS port office

**I. Company Details**

|  |  |
| --- | --- |
| Company Name |       |
| Company Address (Physical location for audit)  |       |
| ABS Port Office  |       |
| ABS Worldwide Client Number  |       |

**II. Audit Request**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Audit** | Initial Audit [ ]  |  | Renewal Audit [ ]  |  |  |
| **Previous Certificate Number** |       |
| **NOTE:** For renewal audit, only documents that have been revised since the last audit need to be submitted. |
| **Service Type(s)** | 1 | Select a service type from the drop down |
| 2 |   |
| 3 |   |
| 4 |   |
| Approval from other IACS Societies/Flag Administration  |       |
| Has the company ever had its recognition canceled by any IACS Society? If the answer is yes, please attach the details of the cancellation. | Yes [ ]  | No [ ]  |

**III. Contact Details for Display on the ABS Website**

Below details will be shown in the [ABS Recognized Specialist Database](http://ww2.eagle.org/en/rules-and-resources/recognized-specialists.html) available for public search

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Person |       | Mobile |       |
| Telephone |       | Fax |       |
| Email |       | Website |       |

**IV. Contact Details for ABS Audits/Quality Management**

Certificate renewal reminders will be sent to the below email address

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Person |       | Email |       |
| Telephone |       | Mobile |       |

**V. Acknowledgement**

I warrant that I am authorized by the above company to make this application and to the best of my knowledge the information provided above is correct.

Company shall defend, indemnify, and hold harmless ABS and its affiliates from and against any and all third party claims and liabilities (including, without limitation, reasonable attorneys’ fees and costs), regardless of the form of action, arising out of or in connection with a claim that the service(s) offered by Company for which Company has sought recognition from ABS, infringes, violates, or misappropriates a valid third party patent, copyright, or other proprietary right, provided that Company is promptly notified in writing of such claim, and ABS has not reached any compromise or settlement in such action or made any admissions in respect of the same.

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

If this is a request for recognition as a branch office under the ISO 9001 Certification of the Home Office, the Surveyor-in-Charge is to sign this form to indicate no objection to the company being recognized.

|  |  |
| --- | --- |
|       |       |
| **Print Name** |  | **Date** |
|  |
| **Surveyor-in-Charge’s Signature** |  |  |