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| **APPLICATION FORM**  **ACCREDITATION OF PT PROVIDERS**  **ISO/IEC 17043**  **Document no. F-PT-01-V2** | | | | | | | | | | | |
| **A. GENERAL INFORMATION**  NAME:  (Indicate exactly how the name of the PT provider is to appear on the certificate of accreditation) | | | | | | | | | | | |
| NAME OF COMPANY:  (\*If the PT provider is part of larger corporate entity) | | | | | | | | | | | |
| LEGAL STATUS:  (e.g. Govt. Dept., Private., association, , etc) | | | | |  | | | REGISTRATION NO:  (a copy of the legal entity to be attached) | | |  |
| V PHYSICAL ADDRESS(ES) | | | | |  | | | | | | |
| POSTAL ADDRESS  (\*If different from the above) | | | | |  | | | | | | |
| TEL. |  | | | | | FAX |  | | | | |
| WEBSITE | | |  | | | COMPANY E-MAIL | | | |  | |
| AUTHORISED  REPRESENTATIVE | | | |  | | DESIGNATION | | |  | | |
| E-MAIL | |  | | | | Mobile phone | |  | | | |

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| **B. INFORMATION OF THE PT PROVIDER** | | | | |
| **B1. Description of the major type of PT activities** | | | | |
|  | | | | |
| Date of establishment |  | Approx. number of programs organized in the past year: | |  |
| Duration of quality system has been implemented: | | |  | |

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| --- | --- | --- | --- | --- |
| C. PERSONNEL | | | | |
| **C1. Total Number of personnel:** | |  | **Total Number of auditors:** |  |
| **C2. Key personnel** | | | | |
| Head of the PT provider | Name: | | | |
| Quality Manager (however named) | Name: | | | |

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| --- | --- | --- | --- | --- |
| C. SCOPE OF PT PROGRAMS | | | | |
| **C1. About Subcontractors: Please provide information concerning the involvement of any subcontractors in the PTP/EQA Scheme**   |  |  |  |  | | --- | --- | --- | --- | | **No.** | **Organization** | **Function and Role of subcontractor including activities subcontracted** | **Basis for approval as a subcontractor** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | | |
| C2. Details of scope:  (Please fill in the scope of accreditation as in Appendix A) | | | | |
| No. of Appendix A pages attached | |  | | |
|  | |  | | |
| **D. DECLARATION** | | | | |
| **D1. Submission of Documentations**  We enclosed herewith a copy of quality manual and procedures. | | | | |
| **D2. Declaration** | | | | |
| The Organisation/Inspection Body hereby undertakes: | | | | |
| 1. to comply with Accreditation Standard ISO/IEC 17043 and the relevant AAA requirements and Terms and Conditions. | | | | |
| 1. to pay all fees and costs connected with the accreditation process irrespective of the eventual granting of accreditation. | | | | |
|  | | | | |
| 1. to provide access to information, documents and records as necessary for the assessment and maintenance of the accreditation; | | | | |
| 1. to provide access to those documents that provide insight into the level of independence and impartiality of the PT provider from its related bodies, where applicable; and | | | | |
| 1. shall arrange the witnessing of PT services when required. | | | | |
| **I declare the information given in this application are correct:** | | | | |
| **Name**  **Designation:** |  | | Signed by Authorised Applicant |  |
| **Date** |  | | | |

**Appendix A**

**Scope of Accreditation**

|  |  |  |
| --- | --- | --- |
| **PT Scheme/Program Name** | **PT Item Type** | **Measurand(s) or characteristic(s) or where appropriate the type of measurand(s) or characteristic(s) that are to be identified, measured or tested.** |
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