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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 |  |
| AUTHORISEDREPRESENTATIVE |  | DESIGNATION |  |
| E-MAIL |  | Mobile phone |  |

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| **B. INFORMATION OF THE PT PROVIDER** |
| **B1. Description of the major type of PT activities** |
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| 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**

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| **No.**  | **Organization** | **Function and Role of subcontractor including activities subcontracted** | **Basis for approval as a subcontractor** |
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| C2. Details of scope:(Please fill in the scope of accreditation as in Appendix A) |
| No. of Appendix A pages attached |  |
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| **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.
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| 1. to pay all fees and costs connected with the accreditation process irrespective of the eventual granting of accreditation.
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| 1. to provide access to information, documents and records as necessary for the assessment and maintenance of the accreditation;
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| 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.
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| **I declare the information given in this application are correct:**  |
| **Name****Designation:** |  | Signed by Authorised Applicant |  |
| **Date** |  |

**Appendix A**

**Scope of Accreditation**

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| **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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