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|  | | **Part 1 – General Information** | | | | | | | | | | | | | | | |
| Organization’s Contact Person:  Mr. Mrs. Ms. Dr. | | | | | | |  | | | | Designation: | | | | | | |
|  | | Organization’s Name:    Is the applicant organization, a part of a bigger group or entity?  Yes  No  If yes, indicate name such entity and indicate relationship: | | | | | | | | | | | | | | | |
|  | | Please indicate the type of site(s) you are seeking an estimate for:  Main location (listed below);  Main location and a satellite location (similar capabilities at a location less than 50 miles from main location);  Main location and a branch location (a separate location more than 50 miles from the main location) | | | | | | | | | | | | | | | |
| Organization’s Address: | | | | | | |  | | | | Mailing Address (*if different*): | | | | | | |
|  | | Telephone: | | | | | | | | | | | | | | | |
|  | | Email: | | | | | | | | | | | | | | | |
|  | | Scope of business: | | | | | | | | | | | | | | | |
|  | | Is this request being submitted as part of a contract between your client and your organization or a related organization?  Yes  No If yes, indicate ref.: | | | | | | | | | | | | | | | |
|  | | Is this request in response to a government regulatory requirement (e.g. Municipality, Govt. Directorate etc.)?  Yes  No If yes, indicate ref.: | | | | | | | | | | | | | | | |
|  | | Please indicate when your organization anticipates applying for accreditation:  0 to 3 months  3 to 6 months  6 to 12 months  More than 12 months | | | | | | | | | | | | | | | |
|  | | Does your organization hold a currently valid accreditation by another Accreditation Body, for the same or similar scheme?  Yes  No If yes, indicate: | | | | | | | | | | | | | | | |
|  | | Is your organization currently certified in any of the ISO based management system standards by an accredited certification body?  Yes  No If yes, indicate: | | | | | | | | | | | | | | | |
|  | | **Part 2 – Applied standards, Test/ Inspection Methods** | | | | | | | | | | | | | | | |
|  | | Select all Accreditation Standards for which this estimate applies:  ISO/IEC 17025 – Testing Laboratory  ISO/IEC 17025 – Calibration  ISO/IEC 17020 – Inspection Body  ISO/IEC 17065 – Product Certification  ISO/IEC 15189 – Medical Lab  ISO/IEC 17043 – Proficiency Testing Provider  ISO Guide 34 – Reference Material Producer | | | | | | | | | | | | | | | |
|  | | What are the basic activities performed by you for which the said accreditation in sought (in case you are already accredited, you may please attach the same, with this application: | | | | | | | | | | | | | | | |
|  | | Do you perform any activities outside of your main facility?  Yes  No  If so, please detail (where and what activities): | | | | | | | | | | | | | | | |
|  | | Does your organization perform any in-house calibrations?  Yes  No  If so, please list: | | | | | | | | | | | | | | | |
|  | | How many types of inspections/ tests/ test methods are currently being undertaken?  Enlist all below: (Please extend the rows in case the information cannot be accommodated) | | | | | | | | | | | | | | | |
| Sr No. | Inspection/ Test method that is intended to be brought under the scope of accreditation | | Range of such inspection(s)/ test(s) | | National/ International Standard applied  (or indicate suitable document ref. if it is an organization developed or customer specified method) | | | | Whether inspection/ test procedure is documented already (If yes, give reference to procedure numbers) | | | | **(For Testing & Calibration only)**  Indicate whether you have participated in any Proficiency Testing Program or performed any Inter Laboratory Comparisons. If yes, kindly indicate suitable references | | | **(For Testing & Calibration only)**  Indicate whether you have determined the measurement uncertainties for the test method operated through each type of equipment and have established the uncertainty budgets. | **(For Testing & Calibration only)**  Indicate whether the test methods are validated through appropriate means, if non-standard or lab developed methods. |
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| Number of Technicians or staff members performing key activities: | | | |  | | | | Will your organization be working under a Government contract?  Yes  No | | | | | | | | | |
| Sr. No. | | Name | | | | | |  | | | Designation | | |
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|  | | **Part 3 –Independence, Insurance & Quality Assurance** | | | | | | | | | | | | | | | |
|  | | Do you maintain sufficient independence of test/ inspection results from the financial and commercial functions & other possibilities of conflicts of interest:  Please detail:  Are you insured for business liability against the erroneous test/ inspection results & other professional liabilities that may arise due to the business and nature of clients?  Please detail:  Do you have a function for quality checks on test/ inspection result data quality, analysis and related actions?  Please detail: | | | | | | | | | | | | | | | |
|  | | **Part 4 – FINANCIAL** | | | | | | | | | | | | | | | |
|  | | Date of establishment of entity:  Entity legal status (eg. Public Limited, Limited Liability, Proprietary, others:  Latest financial year revenue in USD (Total):  Latest financial year revenue in USD (Only testing under the applied scope): | | | | | | | | | | | | | | | |
| Authorized Signatory  Name:       Designation:  Date & Place: | | | | | | | | | |  | | | | **SIGNATURE** | | | |