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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 [ ]  NoIf 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[x]  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 [ ]  NoIf so, please detail (where and what activities):       |
|  | Does your organization perform any in-house calibrations? [ ]  Yes [ ]  NoIf 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 SignatoryName:       Designation:      Date & Place:       |  | **SIGNATURE** |