***File* *number*[[1]](#endnote-1)/**

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| ***Accreditation Application Form*****(FR-055)** |

 ***(****Accreditation Application Form for Testing Laboratories****)***

***(ISO/IEC 17025)***

Initial assessment [ ]

Scope extension [ ]

Scope change [ ]

Re-assessment **[ ]**

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| **Name-Identity of the testing laboratory**:…....….………….…………….…………………………………………………….……………………………………….……....….………………….………......... |
| **Address:** **...........................................................................****…….………………………………………………………….…………………………………………………………….……..................................................................................……………………………………………….…………………………………………………………….……......................................................................** ***State/City*** **:** ……………………………  ***Postal Code*:**  **Country :**.………………..…......................................... **Phone Number:** …… **Fax :**……….………….................................................................................................... **E-posta:** …………**Web Site: ……….**................................……………. ***Tax Office*:****…………….............................. Tax Number:**................................................... |
| ***Name and Surname of Head of the testing laboratory*: …………………………….……..............................****Phone Number: …..…...... Fax: ……………............................... E-mail:** ***Mobile number:*.................................................................................................................*****Number of testing laboratory employee:* ..............................................................................................................*****Does the testing laboratory carry out internal calibration*? *Yes*:** **[ ]  *No*: [ ]** ***Name of* *internal calibrations carried out* :** |
| ***Legal status of the testing laboratory :*..................................................................** ***Owner of the testing laboratory* : ……….........................................................................................** ***Address of the owner of testing laboratory:*......****……………...……………………………………………...………………………………………………………………………..........................................** **L*egal Representatives of the Owner(s)***:  …………………………….........................................................................................................................……………………………………………………………………………………………………………………………………….................................................. |

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|  ***Does the testing laboratory operate at several sites?* *Yes*: [ ]  *No*:** **[ ]**  |

***Site of Test Laboratory[[2]](#endnote-2):***

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|  **Name-Identity of the sites of testing laboratory****…………………………………………………………….………………………………………..……....….…………..………….....................................** **Address............................................…………………………………………………………………………………****.………………...….................................................. ..Postal Code: …......................****State/City:.........................................................****Phone Number : …………................... Fax: ……………E-mail:.................****Number of testing laboratory employee: ……………………………………………………………………………………………****First and Last Name of Head of the testing laboratory: …………………………………………………………...………………………………………………………….........................................................****First and Last Name of Contact Person: …… Phone Number: ………..........................****Fax: …….................. E-mail: ................ Mobile number: ……………...………………......** **Does the testing laboratory carry out internal calibration? Yes: [ ]  No: [ ]**  **Name of internal calibrations carried out:**  |

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| **Please give the information about the testing scopes for which accreditation is requested at page 3.** *.*............................................................................................................................................................................................ |

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| ***As the applicant testing laboratory, we hereby declare that the NAC Accreditation Procedures and NAC Rules are understood by us and all costs that will be invoiced consistent with NAC Service Fees Guide (K-001) will be paid by our testing laboratory.*** ***( Official Stamp)******Place:*** **D*ate*:** ***Autorized Person’s Name-Surname-Signature*:**................................................................................... |
| **Reminder****FR-034 “Conformity Assessment Body Authorized Personnel Notification Form” and FR-001 “Accreditation Contract” (2 copies) shall be filled, signed by the authorized person and attached to this application form.****After receiving the application form and its annexes, your application will be uploaded to NAC Information System. Following this process, applicant testing laboratory should upload requested documents to NAC Information System.** |

 **Test methods for which accreditation is requested[[3]](#endnote-3)**

|  **Testing Fields-Tested Materials/Products[[4]](#endnote-4)** |  **Name of Test** | **Testing Method (national, international standards, in-house methods** |
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***Annex A***

***Sites of testing laboratory***

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|  ***Name-Identity of the site testing laboratory*****…………………………………………………………….………………………………………..……....….…………..…………......................................** ***Address* .........................................................…………………………………………………………………………………………………………****.………………...….................................................... *Postal Code*: …...................... *State/City*:......................................****Phone Number: ………………….…………………………................... Fax:….……......................................................................*****E-mail*: …………………………………............. *Number of testing laboratory employee:* ……………………………………………….*****Name and Surname of Head of the testing laboratory*: ……………………...………………………………………………………….......*****Name and Surname of Contact Person*:……………………………………Phone Number*:* ………………………….........................****Fax: ……………………….................. E-mail: ………………...................... Mobile phone number: ...………………………………….*****Does the testing laboratory carry out internal?* *Yes*: [ ]  *No*: [ ]** ***Name of* *Carried out internal calibrations*: ......................................................................................................................................................................................................................................................................................................................................................................**  |

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| ***Name-Identity of the site testing laboratory*****…………………………………………………………….………………………………………..……....….…………..…………...................................*****Address*........................................................………………………………………………………………………………………………………..****.………………..…............................................... *Postal Code*: …................... *State/City*:................................................****Phone Number : ………………….…………………………................... Fax: ……………………………..…………………............................*****E-mail*:** …………………………………............. ***Number of testing laboratory employee: ….*……………………………………………….*****Name and Surname of Head of the testing laboratory*: …………………………...………………………………………………………….....*****Name and Surname of Contact Person*:……………………………………Phone Number*:* .......................................................****Fax: ……………………….................. E-mail: ………………...................... Mobile phone number: ...……………………………………*****Does the testing laboratory carry out internal?* *Yes*: [ ]  *No*: [ ]** ***Name of* *Carried out internal calibrations*: ......................................................................................................................................................................................................................................................................................................................................................................** |

**Annex B**

**Notified Testing Laboratory**

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| ***Decision of Commission*** |  ***Product Family, Product/Intended use*** |  ***Technical specification/standart*** |
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1. *Filled by NAC.* [↑](#endnote-ref-1)
2. *If there are more than one site, please use page which is given at Annex-A..*  [↑](#endnote-ref-2)
3. *If there is insufficient space, please use a new page for this Annex.* [↑](#endnote-ref-3)
4. *Please use NAC guideline documents for scope statement*  (K-019, K-020, K-021  *etc.)* [↑](#endnote-ref-4)