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

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| ***Accreditation Application Form***  **(FR-056)** |

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

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

**Initial assessment**

**Scope extension**

**Scope change**

**Re-assessment**

**Request accreditation and to be evaluated as a “notified laboratory” according to related APAC documentation***.*

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| |  |  |  |  | | --- | --- | --- | --- | | **Name-Identity of the calibration laboratory:** | | | | | **Address:** | | | | | **State/City:** | **Postal Code:** | | **Country:** | | **Telephone (incl.area code):** | | | **Fax:** | | **E-mail:** | | **Website:** | | | **Tax office: -** | | **Tax no:** | | |
| |  |  |  | | --- | --- | --- | | **First and Last Name of Head of the calibration laboratory:** | | | | **Telephone:** | **Mobile number:** | **E-mail:** | | **First and Last Name of Contact Person:** | | | |  |  |  | | **Telephone:** | **Mobile number:** | **E-mail:** | | **Legal status of the calibration laboratory:** | | | |
| **Owner of the calibration laboratory:** |
| **Address of the owner of calibration laboratory:**  **Legal representatives of the owner(s):**  **……………………………………………………………………………………………………………………………………………………………** |
| |  |  | | --- | --- | | **Number of calibration laboratory employee:** | | | **Does the calibration laboratory carry out internal calibrations?** | **Yes ☐ No ☐** | | **Name of internal calibrations carried out:………………………………………………………………………** | | | **How long is the quality system being operated?**  **0-3 Months ☐ 3-6 Months ☐ More than 6 months x** | | | **Has an internal audit been conducted ?** | **Yes ☐ No ☐** | | **Has a management review been conducted ?** | **Yes ☐ No ☐** | |
| |  |  | | --- | --- | | **Does the calibration laboratory operate at several sites?** | **Yes ☐ No ☐** | | **If yes, fill in the "site of testing laboratory" section below. If there are more sites, please use page given in Annex.** | | |

**Site of calibration laboratory**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Name-Identity of the site of calibration laboratory:**  …………………………….……............................................................................................................................ | | | | | | **Address:** | | | | | | **City:** | |  | | **Country:** | | **Telephone:** | | | | **Fax:** | | **First and Last Name of Head of the site calibration laboratory:** | | | | | | **First and Last Name of Contact Person:** | | | | | | **Telephone:** | **Mobile number:** | | **E-mail:** | | | **Number of calibration laboratory employee of the site in question:** ……………..…………………… | | | | |  | | | **Does the calibration laboratory carry out internal calibrations?** | | | **Yes ☐ No ☐** | | | **Name of internal calibrations carried out:** | | | | | | |

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| **Please give the calibration scopes for which the accreditation is requested in tables.**  **If calibration laboratory has several sites, the applications scopes must be given separately for every site.** |
| **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 Guidelines on NAC Accreditation Service Fees (K-001) will be paid by our calibration laboratory.**  **(Official Stamp)**  ***Place*:**  **D*ate*:**  ***Autorized Person’s First and Last Name-Signature*:** |
| **Reminder**  **FR-034 “Conformity Assessment Body Authorized Personnel Notification Form” and FR-001 “Accreditation Contract” (2 copies) shall be filled, signed by 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 calibration laboratory should upload requested documents to NAC Information System.** |

**Calibration scopes for which accreditation is requested[[2]](#endnote-2)**

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| **Measurand Quantity Calibrated Instrument** | **Range** | **Measurement Requirements** | **Calibration and Measurement Capability (CMC)** | **Remarks** |
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*Measurand Quantity will be filled according to K-22 and K-23 Guidelines*

*Annex A[[3]](#endnote-3)*

**Sites of calibration laboratory**

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| **Name-Identity of the site calibration laboratory:**  **…………………………….……............................................................................................................................** | | | | |
| **Address: …………………………….…….........................................................................................................**  **................................................................................................................................................................** | | | | |
| **City: …………………………….……** | | **Code: …………………** | | **Country: …………………………….……** |
| **Telephone: …………………………….…….................** | | | | **Fax: ………………………....…….……** |
| **First and Last Name of Head of the calibration laboratory for the site in question:**  **……………………………..............................................................................................................................…** | | | | |
| **First and Last Name of Contact Person:**  **…………………………….…….............................................................................................................................** | | | | |
| **Telephone:** | **Mobile number:** | | **e-mail:** | |
| **Number of calibration laboratory employee of the site:** | | | | |  |
| **Does the calibration laboratory carry out internal calibrations?**  **Name of internal calibrations carried out:**  **……………………............................................……….…….................** | | | **Yes ☐ No ☐** | |

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| **Name-Identity of the site calibration laboratory:**  **…………………………….……............................................................................................................................** | | | | |
| **Adress: …………………………….…….........................................................................................................**  **................................................................................................................................................................** | | | | |
| **City: …………………………….……** | | **Code: …………………** | | **Country: …………………………….……** |
| **Telephone: …………………………….…….................** | | | | **Fax: ………………………....…….……** |
| **First and Last Name of Head of the calibration laboratory for the site in question:**  **……………………………..............................................................................................................................…** | | | | |
| **First and Last Name of Contact Person:**  **…………………………….…….............................................................................................................................** | | | | |
| **Telephone:** | **Mobile number:** | | **E-mail:** | |
| **Number of calibration laboratory employee of the site:** | | | | |  |
| **Does the calibration laboratory carry out internal calibrations?**  **Name of internal calibrations carried out :**  **……………………............................................……….…….................** | | | **Yes ☐ No ☐** | |

1. ***Filled by NAC.*** [↑](#endnote-ref-1)
2. ***If there is insufficient space, please use a new page for this Annex.*** [↑](#endnote-ref-2)
3. ***If there are more than one site, please use page which is given at Annex-A.*** [↑](#endnote-ref-3)