

# APPLICATION FOR ACCREDITATION

## LABORATORY ACCREDITATION PROGRAMME



<p><b>1 Applicant</b> Name/Division/Section, etc.</p> <p>Organisation/Division name EXACTLY as it is to appear on your Certificate of Accreditation. (Upper/lower case, NZ or New Zealand, Ltd or Limited, etc). If your organisation name is "John Smith &amp; Associates" or similar, please underline or highlight the name against which you wish to be alphabetically indexed (eg. <u>John</u> Smith or John <u>Smith</u>).</p>					
<p><b>2 Postal Address</b> Organisation/Division/Section seeking accreditation.</p>					
<p><b>3 Physical Location</b> Street address of primary location of the organisation to be assessed. E.g. head office</p>					
<p><b>3a Physical Location</b> Street addresses of additional sites (if more than the one noted above) to be covered by the scope of accreditation.</p> <p>These could be listed separately and provided as an attachment.</p>					
<p><b>4 Telephone/Facsimile</b> Organisation seeking accreditation. Please include STD Code.</p>	<table border="0"> <tr> <td style="text-align: center;">Telephone</td> <td style="text-align: center;">Facsimile</td> </tr> <tr> <td style="text-align: center;">(       ) .....</td> <td style="text-align: center;">(       ) .....</td> </tr> </table>	Telephone	Facsimile	(       ) .....	(       ) .....
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<p><b>5 Applicant Ownership Details</b></p>					
<p><b>6 Legal Status</b> (eg. limited liability company, partnership, local authority, etc.).</p>					
<p><b>7 Chief Executive Officer</b> Name and title of the Chief Executive Officer of the organisation seeking accreditation.</p>	<p>Name .....</p> <p>Title .....</p> <p>E Mail .....</p>				
<p><b>8 Authorised Representative</b> Name and title of the person who will be International Accreditation New Zealand's primary point of contact for all matters relating to this application. If address, phone and fax details are not as above then please provide them as an attachment.</p>	<p>Name .....</p> <p>Title .....</p> <p>E Mail .....</p>				
<p><b>9 On-site Contact Person(s)</b> (Include contact persons for each additional site as appropriate)</p>	<p>Name .....</p> <p>Title .....</p> <p>E Mail .....</p>				
<p><b>10 Accreditation Programme/Field(s) of Technology</b> (Summary of proposed scope of work for which accreditation is sought)</p>					
<p><b>11 Regulatory or Customer Requirements</b> Are you seeking accreditation to meet the requirements of particular customers or regulatory bodies?</p>					

<p><b>12 Quality Manual</b>          Have you completed work on your organisation/division's quality system documentation?          If not, please estimate completion date.</p>	
<p><b>13 Timescale of Application</b>          Please indicate the date by which you expect to be ready for assessment.</p>	
<p><b>14 Assessment Preparation</b>          Please list any external Consultants/Trainers who have assisted with your assessment preparations.</p>	
<p><b>15 Application Fee</b>          The following application fee is attached. (If your organisation is already a client of International Accreditation New Zealand at the address specified in 3 above, the fee is waived).</p>	<p>Fee NZ\$900.00 plus GST  <i>(Please make the cheque payable to International Accreditation New Zealand)</i></p>
<p><b>16 Authorisation of Application</b>          We undertake to allow International Accreditation New Zealand reasonable access to our premises, operations, facilities and procedures for the purpose of assessment and subsequent review and reassessment activity. We undertake to pay all reasonable fees and expenses associated with these assessments.           We agree to comply with the requirements for accreditation and to supply any information needed for the assessment.</p>	<p>Signature .....</p> <p>Name .....</p> <p>Date .....</p> <p><i>(This authorisation shall be made by appropriate senior management)</i></p>
<p><b>17 Notes for Applicants</b></p> <p><b>Criteria and Rules</b>          Before lodging a formal Application for Accreditation, organisations should ensure that their systems, procedures and facilities comply with all accreditation criteria and conditions for accreditation. They should also ensure that they are familiar with accreditation criteria as set out in the publication, "Procedures and Conditions of Accreditation."</p> <p>International Accreditation New Zealand staff members are available to visit organisations to provide guidance on the application of the accreditation criteria and requirements. Such advisory visits attract the normal hourly International Accreditation New Zealand professional fees plus expenses.</p> <p><b>Application Fees</b>          Fees are revised from time to time by International Accreditation New Zealand. Please consult the current fee schedule. Fees quoted exclude GST.</p> <p><b>Accreditation Questionnaire</b>          An Application for Accreditation should be accompanied by the supporting information requested in the Accreditation Questionnaire. This information is used in the planning of your organisation's assessment and in the briefing of the assessment team.</p> <p><b>Authorised Representative</b>          Each applicant organisation needs to appoint a person to be International Accreditation New Zealand's point of contact for all matters relating to its application. This person is referred to by International Accreditation New Zealand as the "Authorised Representative". The Authorised Representative needs to be a senior staff member who has sufficient authority to ensure that the applicant organisation is prepared for assessment and that, following accreditation, the organisation continues to comply with the accreditation criteria.</p> <p style="text-align: center;"><i>Return address</i>          Please return this form with payment to:</p> <p style="text-align: center;">International Accreditation New Zealand          Private Bag 28908, Remuera, Auckland 1541          Telephone (09) 525 6655, Facsimile (09) 525 2266</p>	