

APPLICATION FOR PROFICIENCY TESTING PROVIDER ACCREDITATION

For IAS Internal Use
Listing No. _____

(Select as appropriate)

New accreditation

If this is a new request for accreditation, a copy of the applicant's management system manual, complying with the IAS Accreditation Criteria for Proficiency Testing Provider (AC 785) should be submitted with the application.

Company Name Change

Renewal (Select number of years) One Year Two Years Three Years

1. NAME OF APPLICANT (COMPANY NAME) _____
(exactly as it should appear on IAS listing)

2. DESIRED SCOPE OF ACCREDITATION (Attach additional sheets as needed)

Sector: Testing Calibration Medical Inspection

2.1 Testing sector: Biological Chemical Electrical Electronics Fluid flow
Forensic Mechanical Non-destructive Photometry Radiological

2.2 Calibration sector: Electro-technical Fluid flow Mechanical Medical devices
Optical Radiological Thermal

2.3 Medical sector: Clinical Biochemistry Clinical Pathology Cytopathology Microbiology & Serology
Haematology & Immunohematology Histopathology Genetics Nuclear Medicine

2.4 Inspection sector: Agriculture & agricultural products Building construction & maintenance
Environment & Environmental protection products Factory inspection Forensic inspection
Environment & Environmental protection products Health inspection Manufactured goods
Industrial and commercial construction & maintenance Industrial equipment and machinery IT products and services
Natural resources & refined products NDT Technical regulation inspection
Tourism accommodation Transport Others

2.5 Scope of accreditation applied:

PT Scheme	Sector	Sub sector	Product/ item	Test/ Analyte/ Measurement/Field + Method (if applicable)	Range	Periodicity	Remarks



2.6 Details of subcontractor used:

Activity subcontracted	Name & address of subcontractor	Accreditation or certification details of subcontractor

3. ORGANIZATION STREET ADDRESS

Address (*exactly* as it should appear on listing) _____ City _____

State/Province _____ Zip/Postal Code _____ Country (if other than U.S.A.) _____

4. MAILING ADDRESS

Address _____ City _____

State/Province _____ Zip/Postal Code _____ Country (if other than U.S.A.) _____

5. TELEPHONE NO. _____ **FAX No.** _____

6. E-MAIL ADDRESS _____ **WEB ADDRESS** _____

7. ORGANIZATION

7.1 Organization structure with the position of Proficiency Testing Division (in case PTP is part of a parent organization)

7.2 Organization structure of Proficiency Testing Provider

7.3 Details of personnel involved in PT activities

Name & designation	Qualification with specialization	Training relevant to PT activities	Experience in PT related activities	Involved for which PT activities

7.4 Details of Advisory / Steering Committee

Name of expert	Affiliation to which organization	Qualification with specialization	Details of expertise in PT related activities	Involved for which PT activities

7.5 Name and title of applicant's technical representative _____

Name _____ Title _____

Address _____

Phone number _____ Fax number _____ E-mail _____



8. EQUIPMENT

8.1 Details of equipment (if applicable)

Name of equipment	Capacity / Range	Used for which activity of PT	Calibration done on (if applicable)	Calibration due on (if applicable)	Calibrated by

8.2 Details of Reference Materials (if applicable)

Name of Reference materials/ Culture	Provided by (Source)	Traceability to

9. Within the past five years have any of your accreditations been revoked, withdrawn, placed on suspension, and/or removed from listing? If "yes" please explain on separate page. No Yes

10. If this is a renewal, please answer the three questions below. If you answer "yes" to any of the questions, please explain on a separate sheet and/or include appropriate supporting documentation.

- a. Since the last time your company applied for IAS accreditation, have there been any changes in ownership or in key management, technical, or quality assurance personnel? No Yes
- b. Since the last time your company applied for IAS accreditation, have there been any major changes in the documented management system? No Yes
- c. Are you aware of any complaints, from your company's clients or others, about the services covered by this application? No Yes

By signing, the applicant agrees that all the information presented in the above application is true and correct, and to abide by the **CONDITIONS FOR APPLICATION** listed on page 4.

Authorized Signature for Applicant

Name of Signer (type or print)

Title

Date

CONDITIONS FOR APPLICATION

- a. As a condition of the accreditation, the applicant acknowledges that the International Accreditation Service, Inc. (IAS), staff or authorized representative(s) may conduct unannounced assessments of the facilities of the applicant, or other facilities where the applying organization conducts tests and calibration under this application, to verify compliance with the listing and applicable rules of procedure.
- b. Within 30 days of mailing of written demand by IAS, applicant shall reimburse IAS for all expenses related to accreditation. Reimbursable expenses include, but are not limited to, travel expenses and staff time.
- c. An IAS accreditation does not imply any guarantee or warranty, express or implied and including but not limited to any warranty of merchantability or fitness for any particular purpose, of any product tested or certified by the applicant, or any guarantee or warranty of any nature by IAS concerning any tests or calibration conducted by the applicant. Applicant agrees that it shall have no cause of action or claim against IAS, International Code Council (ICC), or any of their affiliates, parent, or brother or sister corporations or their Successors-in-Interest or assigns, or the officers, directors, members and employees thereof (collectively, the "Indemnitees"), arising in any manner from any denial of this application or from any accreditation given pursuant to this application, whether or not such accreditation is or is not subject to any conditions. Applicant agrees to hold the Indemnitees harmless, and to protect, defend and indemnify them, with respect to any claim, liability, demand, action, judgment, proceeding, costs, damages and expenses (including attorneys' fees) whether for personal injury, wrongful death, property damage, or any type of injury or damage whatsoever, arising from: (i) the application and accreditation; (ii) any certification or approval services of any nature provided by the applicant; (iii) the use of any service of any nature offered by the applicant, or the use or operation by any person of any product tested/calibrated or certified by the applicant, whether related to the matters set forth in the first sentence of this paragraph or otherwise; or (iv) the reference to or reliance upon, actual or asserted, any product certification or approval given by the applicant or any testing or calibration services rendered by the applicant including but not limited to the results of any testing or calibration conducted by the applicant. California law shall apply to the interpretation hereof. If any part or portion of this paragraph, or any application thereof to particular facts, should be determined invalid, the provisions hereof shall be severable so as to achieve for the Indemnitees the maximum legal application.
- d. In consideration of the processing of this application, the applying organization agrees to abide and be bound by any conditions attached to any listing or renewal thereof issued pursuant to this application, or any later amendment of said listing or renewal, the Rules of Procedure for Proficiency Testing Provider Accreditation, which by this reference are made a part hereof, the Accreditation Criteria for Proficiency Testing Provider, which by this reference is made a part hereof, and any additions, deletions, or changes to such Rules or Accreditation Criteria hereafter adopted. In agreeing to abide and be bound by the Rules of Procedure and the Accreditation Criteria Proficiency Testing Provider, the applying organization understands that the failure to do so may result in the revocation, suspension or modification of accreditation issued pursuant thereto in accordance with the terms of the Rules of Procedure.

Authorized Signature for Applicant _____

Date _____