


Proficiency Test Provider Application for Accreditation		
UKJAS-04	Authority: Quality Manager	

Application for (check one): Initial accreditation Renewal Transfer

Legal entity name:

Organization name:

(If different from above or as to be officially listed on the certificate and scope of accreditation. A separate application is required for each accreditation location.)

Address of site seeking accreditation:

(As to be officially listed on the certificate and scope of accreditation)

Mailing address:

(If different from site seeking accreditation)

Legal status: Government body Corporation, proprietorship, LLC Non-profit corporation Other

Main contact name:

(Name to be listed on the accredited lab directory and official link for all communication)

Name to be listed on the scope:

(If different than main contact)

Telephone:

Facsimile (if used):

Email:

(Please supply an email address that is checked daily. UKJAS will use this email address to officially provide all information to the laboratory.)

Accounting contact:

(If different than main contact)

Accounting email:

(If different than email above)

Accounting phone:

(If different than phone number above)

Staff size: Managerial: Technical:

Application for scope of: ISO/IEC 17043 TNI PT Provider NABL Provider

Has the organization ever been accredited as a PT provider? Yes No

Note: If previously or currently accredited as a PT provider, please attach copies of certificate, scope, and previous reports issued by organization's accreditation body. The process cannot begin until these reports are received.

Other qualifications:

Is the organization accredited to ISO/IEC 17025? Yes No

Is the organization accredited to ISO 17034? Yes No

Note: If previously or currently accredited to the above standards, please attach copies of certificates and scopes of accreditation.

If yes, has the organization's accreditation been suspended in the past 12 months? Yes No

Is there a specific governmental regulation requirement related to this application for accreditation? Yes (if yes, attach the regulation) No

If the facility is outside the India , is there a specific governmental requirement related to the need for a business visa for Indian citizen? Yes (if yes, attach the requirements) No

Does the organization perform in-house calibrations? Yes No

If the organization performs in-house calibrations, list the devices or attach a list:

Attach draft scope of accreditation: Guidance for preparation of the draft scope for PT provider accreditation is provided on the following pages of this application. Draft scope of accreditation must be completed and submitted for UKJAS to better serve you. Failure to submit a draft scope prior to the assessment may result in the assessment being delayed.

Authorization

We certify that we have read and agree to comply with the applicable accreditation requirements, including any applicable supplemental and/or technical requirements, [Terms and Conditions for Accreditation](#), and [Accreditation Manual for Laboratory-Related Activities](#).

We understand that UKJAS will use its best efforts to schedule accreditation services on dates agreeable to us and that when we agree to specific dates UKJAS will confirm the dates in writing. We understand that if we cancel confirmed dates within 30 days prior to the first confirmed date, UKJAS will charge us 50% of the daily fee and travel-related expenses incurred for each cancelled day.

I am authorized by my organization to apply to UKJAS for accreditation.

Authorized Representative Signature

Date:

Provide details for all subcontractors related to proposed scope of accreditation. (Copy table as needed.)

Subcontractor 1	
Company name:	Phone:
Street address:	Fax:
City, state, ZIP code:	
Scope of activities performed by the subcontractor:	
Information about how the PTP assesses the competence of subcontractor:	

Subcontractor 2	
Company name:	Phone:
Street address:	Fax:
City, state, ZIP code:	
Scope of activities performed by the subcontractor:	
Information about how the PTP assesses the competence of subcontractor:	

Subcontractor 3	
Company name:	Phone:
Street address:	Fax:
City, state, ZIP code:	
Scope of activities performed by the subcontractor:	
Information about how the PTP assesses the competence of subcontractor:	

Subcontractor 4	
Company name:	Phone:
Street address:	Fax:
City, state, ZIP code:	
Scope of activities performed by the subcontractor:	
Information about how the PTP assesses the competence of subcontractor:	

Subcontractor 5	
Company name:	Phone:
Street address:	Fax:
City, state, ZIP code:	
Scope of activities performed by the subcontractor:	
Information about how the PTP assesses the competence of subcontractor:	

Subcontractor 6	
Company name:	Phone:
Street address:	Fax:
City, state, ZIP code:	
Scope of activities performed by the subcontractor:	
Information about how the PTP assesses the competence of subcontractor:	

Draft Scope of Accreditation

Please input your proposed scope of accreditation using the following as an example. Refer to [Preparing a Draft Scope of Accreditation for ISO/IEC 17043 PT Providers](#), for completion of the scope related disciplines.

Complete the following table by **typing** and submitting **electronically** in Microsoft Word to allow for future modifications.

Testing PTPs

Example

Chemistry

Description of Item	Property Measured	Range of Property (if Needed)	Procedure for Establishing Assigned Value
Metals in Water	Antimony	90 to 900 µg/L	Certified Reference Value or Reference Value
Metals in Soil	Antimony	80 to 300 mg/Kg	Consensus Value from Participants

Testing Template (expand table as needed)

Insert Testing Sub-Discipline

Description of Item	Properties Measured	Range of Property (if Needed)	Procedure for Establishing Assigned Value

TNI PTPs

Example

Chemistry

Insert Sub-Discipline

Program Area	Analyte Group	Procedure for Establishing Assigned Value
Drinking Water	Inorganic Disinfection By-Products	Known Value

TNI Program Template (expand table as needed)

Insert Sub-Discipline

Program Area	Analyte Group	Procedure for Establishing Assigned Value

Calibration PTPs

Example

Time and Frequency

Description of PT Item/Artifact	Properties Measured	Range of Property	Expanded Uncertainty of PT Item/Artifact (+/-) (Including Appropriate Units)	Procedure for Establishing Assigned Value
Stop Watch	Period, Time, Frequency	Deviations per 1 hour	0.01%	Reference Value

Calibration Template (expand table as needed)

Insert Calibration Major Field

Description of PT Item/Artifact	Properties Measured	Range of Property	Expanded Uncertainty of PT Item/Artifact (+/-) (Including Appropriate Units)	Procedure for Establishing Assigned Value

Insert Calibration Major Field

Description of PT Item/Artifact	Properties Measured	Range of Property	Expanded Uncertainty of PT Item/Artifact (+/-) (Including Appropriate Units)	Procedure for Establishing Assigned Value

Forensic PTPs

Example

Program Area	Program Description	Frequency (if Needed)	Procedure for Establishing Assigned Value
Latent Print Comparison	Samples will consist of images of questioned latent prints and set(s) of known finger, palm and/or foot prints.	Annual	Reference Value
Footwear Comparison	Samples will consist of images of questioned footwear impressions and set(s) of known footwear impressions	Biannual	Reference Value
Tire Track Comparisons	Samples will consist of images of questioned tire track impressions and set(s) of known tire track impressions	Biannual	Reference Value

Forensic Template (expand table as needed)

Program Area	Program Description	Frequency (if Needed)	Procedure for Establishing Assigned Value