



Case No:¹ _____

Customer Manager / Lead Assessor:¹ _____

Application²

For accreditation as a ☐ testing laboratory / ☐ calibration laboratory

In accordance with DIN EN ISO/IEC 17025:2005, for the laboratory named below, we apply for:

- | | |
|--------------------------|----------------------------------|
| <input type="checkbox"/> | - the initial accreditation |
| <input type="checkbox"/> | - the extension of accreditation |
| <input type="checkbox"/> | - the reaccreditation |

Name / Identity of the laboratory: ³		
Address: _____		
Street: _____		
Code: _____	Place: _____	PO box / Code: _____
Telephone: _____	Fax: _____	E-Mail: _____
Website: _____		
Head of the laboratory: _____		
Deputy head: _____		
Contact partner: _____	Tel.: _____	
Number of laboratory staff members: _____		
Legal status of the laboratory: _____		
Owner of the laboratory: _____		
Address of the owner: _____		
Authorized representative of the owner: _____		
Does the laboratory operate on several sites?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Sites of the testing/calibration laboratory ⁴		
Street: _____	Code: _____	Place: _____
Street: _____	Code: _____	Place: _____
Street: _____	Code: _____	Place: _____
Street: _____	Code: _____	Place: _____
Org. chart/s: _____	Please attach the organisational structure of the testing/calibration laboratory and, where relevant the structure within an organisation.	

¹ Will be entered by conaipp.

² The applied accreditation does not fall into the scope of the EU-Directive 765/2008

³ The name as stated here will appear on the accreditation certificate

⁴ If place is not sufficient, please add annex



Case No:¹

Customer Manager / Lead Assessor:¹

Testing/calibration fields for which accreditation is requested (e. g. mechanical-technological analysis of ..., chemical analysis of ..., naming the test/calibration items - e.g.: welding samples, water)

Test methods applied: (Please attach stating the number, the edition date and the title of the test method/s or in-house / laboratory-developed methods)

For application as a calibration laboratory please specify your calibration item, range, procedure, and best measurement capability.

☐ Standard test methods

☐ Non-standard test methods (in-house / laboratory-developed methods)

General information

Is the laboratory already accredited by another accreditation body (including local and overseas?)

Yes

☐

No

☐

Has an application for accreditation been made to another accreditation body?

Yes

☐

No

☐

Name of the accreditation body:

Date of application:

Date of application

Fields of testing/calibration which are accredited or for which accreditation has been applied:

Certifications, approvals and other recognitions of the laboratory:

Has Conaipp already sent a cost estimate to the laboratory?

Yes

☐

No

☐

If yes, indicate the reference number (if available):



Case No:¹

Customer Manager / Lead Assessor:¹

Staff of the laboratory

	Staff	Other staff (part-time workers)
Staff with university education:		
Staff with technical school education:		
Staff specially trained as laboratory assistants:		
Staff specially trained as technicians:		
Staff without special training:		
Staff trained in quality management:		

Persons authorized to sign test/calibration reports: ⁵

Testing/calibration field	Name, first name	Qualification	Work experience (in years)

Management system

Does the laboratory have a quality system?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has a quality manager been appointed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, name and qualification:				
Does the laboratory have appropriate and sufficient equipment and apparatus to carry out its services?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

As the applicant body, we hereby declare that we recognise and take note of the conaipp Accreditation Procedure and the conaipp Rules.

(Stamp)

Place, Date

Signature

Name in print

⁵ If place is not sufficient, please add annex