

## APPLICATION FOR MEMBERSHIP

NAME OF BODY .....

FULL ADDRESS .....

.....

TELEPHONE ..... FAX .....

EMAIL .....

NAME OF PERSON TO CONTACT .....

POSITION .....

We declare that:

- The applicant body is accredited by a recognised national accreditation body to one or more of the following scopes of accreditation.

Management Systems [ISO/IEC 17021]

Product Conformity [ISO/IEC 17065]

Certification of Personnel [ISO/IEC 17024]

Other - please specify

Accreditation Body


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A copy of the accreditation certificate[s] and schedule[s] is/are enclosed

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Authorised Signatory

.....

Name

.....

Position

.....

Date

\* Delete as applicable

Формата се попълва на английски, тъй като се изпращат копия и към EFAC