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| --- |
| **Company Name:** **Date:**       |
| **Address:** |                                | **Correspondence address (if different)**                          |
| **Tel:**       | **Fax:**       | **Website:**       |
| **Contact:**       | **Position:**       | **email:**       |
| **Deputy:**       | **Position:**       | **email:**       |
| **Type of Application (select one): Initial** **[ ]  Extension** **[ ]  Modification** **[ ]**  |
| **Additional Sites?** | Yes **[ ]**  No **[ ]**  | **If ‘Yes’ please fill in separate application for each site.****Number of employees at this location:**       |
| **Do you hold EN ISO/IEC 17025 laboratory accreditation?****(if accredited please attach your schedule)** | Yes **[ ]**  No **[ ]**  | **State certificate Number:**       |
| **Approval Body:**        |
| **Specify the types of components to be covered by the approval:**      |
| **Specify the scope of measurement parameters for which approval is sought:**      |
| **Give brief list of Test Equipment available:**      | **Are any specialized automatic test systems used? If so please provide brief details:**      |
| BS9000_Logo R**Any other quality system approvals held:**       |

