



SADCAS Ref. No:																				
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**APPLICATION FOR ACCREDITATION OF TESTING LABORATORY**

**PART 1: GENERAL INFORMATION**

*This form should be completed in full and returned to:*

**Southern African Development Community Accreditation Service (SADCAS)  
Attention: Technical Manager**

**Postal Address:**

Private Bag 00320  
Gaborone  
Botswana  
Tel: +267 3132909/ 3132910  
Fax: +267 3132922  
Email: [info@sadcas.org](mailto:info@sadcas.org)

**Physical Address:**

Plot 50369, Unit 3A Second Floor  
Tholo Office Park, Fairgrounds  
Gaborone  
Botswana

**Please complete ALL applicable sections of the form in CLEAR PRINT or in type.**

This form is available in electronic form. Please do not modify the form other than filling in the sections provided for this purpose. Any form that is modified will not be recognized as a valid application. Should you have difficulties in completing the form, please contact SADCAS or the National Accreditation Focal Point office in your country.

If you wish to complete and forward the form by email, please note that SADCAS does not accept responsibility for breach of confidentiality of information or for the receipt of applications. **All applications submitted by email must be forwarded, duly signed, by surface/special courier mail.**

Receipt of payment of the application fee shall be required prior to processing the application.

**Note:** If you do not receive acknowledgement of receipt of your application from SADCAS or fax within four (4) weeks of dispatch you should contact the SADCAS Office. This application remains valid for one year from the date of application.

<b>Date of Application</b>											
<b>Organization</b>											
<b>VAT Registration No. (where applicable)</b>											
<b>Contact Person</b>									<b>Title</b>		
<b>Position</b>											
<b>Postal Address</b>											
<b>Physical Address</b>											
<b>Tel No:</b>				<b>Direct Tel No:</b>				<b>Fax No:</b>			
<b>Mobile No:</b>					<b>Email address:</b>						
<b>Field of Operation</b>											

<b>Application for:</b> <i>(Tick as appropriate)</i>			
Initial Accreditation <input type="checkbox"/> <i>Proceed to complete Parts 2 – 5</i>	Extension of Accreditation <input type="checkbox"/> <i>Proceed to complete</i> <ul style="list-style-type: none"> <li>▪ <i>Part 3 for new staff</i></li> <li>▪ <i>Part 4 for new test method</i></li> <li>▪ <i>Part 5</i></li> </ul>		
Other <input type="checkbox"/>	(Please specify)		
<b>PART 2: INFORMATION REGARDING YOUR ORGANIZATION</b>			
Description of the main activities of the applicant organization <i>(Please underline those activities for which accreditation is sought):</i>  			
If the organization seeking accreditation is owned by another organization or is part of a larger organization or has branches/divisions at other locations, please give the following details:  Name, address and contact information (Tel, Fax, Email) of:			
<b>Parent Organization</b>			
<b>Other organizations in group/ division</b>			
Locations/sites/virtual sites where key activities are conducted			
Relationship and links between the above-mentioned organizations and the organization seeking accreditation <i>(Please describe)</i>  			
What is the legal status of your organization? e.g. Pvt (Pty)/Ltd privately owned or other  (List and attach the legal instrument and other regulatory requirements applicable to your organization)			
Registration Number of Company/ Identify Number(s) of sole owner or partners			
Total number of employees in the whole organization or group of organizations		Number of employees involved in area(s) seeking accreditation	



<b>PART 3: INFORMATION ON SENIOR STAFF</b>				
<i>For each staff member having responsibility for a product or service for which accreditation is sought, please give the following details. This includes the Quality Manager and Technical Manager, where applicable.</i>				
Name		Position		
Area of responsibility			No. of staff supervised in area	
Qualifications, experience and training:				
Name		Position		
Area of responsibility			No. of staff supervised in area	
Qualifications, experience and training:				
Name		Position		
Area of responsibility			No. of staff supervised in area	
Qualifications, experience and training:				
Name		Position		
Area of responsibility			No. of staff supervised in area	
Qualifications, experience and training:				
Name		Position		
Area of responsibility			No. of staff supervised in area	
Qualifications, experience and training:				
Name		Position		
Area of responsibility			No. of staff supervised in area	
Qualifications, experience and training:				

**PART 4: SCOPE OF APPLICATION**

*List all the test methods for which accreditation is sought.*

No.	Materials/Products	Type of test/ Properties measured/Range of Measurement	Testing Site (See Note 1)	Standard Methods Techniques used (See Note 2)	Description of Equipment Used	Opinions & Interpretations (See Note 3)

**Notes**

1. Tests can be carried out at applicant laboratory site, at customers' site, subcontracted laboratory site or in temporary or mobile facilities.
2. Standard methods are those issued by companies, national, regional and international standards bodies. Standard methods reference numbers and dates must be indicated. In the absence of standard methods, documented internal methods may be quoted.
3. For ISO/IEC 17025 please indicate if expression of opinions and interpretations in test reports is required by ticking the "Opinions and Interpretations" column against the relevant parts of your required scope.



<b>PART 5: DECLARATION</b>	
<b>Chief Executive Officer (CEO) or authorized official must authorize this form.</b>	
The following is enclosed <i>(please tick as appropriate)</i>	
Copy of the Quality Manual	Application Fee: Transfer order placed <i>(please attach banking information on transfer)</i>
Other documentation <b>SEE NOTE 1</b> <i>(Specify any attachment to the application form and/or tick below)</i>	
<b>NOTE 1</b>	
Documentation to be submitted prior to document review:	<b>Tick</b>
a) Duly completed Application Form	
b) Quality Management System Manual	
c) Completed SADCAS F 43 (f) Application for Approval of Personnel	
d) Information regarding active participation in PT schemes/Interlaboratory Comparisons	
e) Procedures/description of methods	
f) Procedure for validation of methods, an example of validation data	
g) Signed SADCAS Accreditation Agreement (SADCAS F 44)	
h) Proposed assessment dates (for scope extensions only)	
<b>Note:</b> Applications for scope extensions should be made six (6) weeks in advance prior to the scheduled assessment.	
<p>Upon accreditation, my organization commits to continually fulfil the the SADCAS accreditation requirements and procedure and any other obligations of the Laboratory.</p> <p>I enclose a copy of the Quality Management System Manual and completed checklists.</p> <p>I enclose an <b>application</b> fee. I understand that this fee is not refundable.</p> <p>I understand the manner in which the accreditation system operates and its functions. SADCAS does not accept any responsibility for the actions, or the results of any actions, of an accredited organization. I, the undersigned, agree, as the authorized officer of the applicant independent entity that any liability of SADCAS which may arise due to negligence related to any accreditation is limited to a refund of the annual fee payable by the organization.</p> <p>I declare that the information given in this <b>application</b> is both correct and accurate to the best of my knowledge and belief. I undertake to inform SADCAS timeously of any changes with respect to the application and accept full responsibility for any costs incurred as a result of any changes not reported to SADCAS timeously.</p>	
<b>Signed and stamped</b>	
<b>Name</b> <i>(print)</i>	
<b>Position</b>	
<b>Date</b>	