



SADCAS Ref. No:										
-----------------	--	--	--	--	--	--	--	--	--	--

**APPLICATION FOR ACCREDITATION OF LEGAL METROLOGY BODY**

<b>PART 1: GENERAL INFORMATION</b>										
<i>This form should be completed in full and returned to:</i>										
<b>Southern African Development Community Accreditation Service (SADCAS)</b>										
<b>Attention: Technical Manager</b>										
<b>Postal Address:</b>						<b>Physical Address:</b>				
Private Bag 00320						Plot 50369, Unit 3A Second Floor				
Gaborone						Tholo Office Park, Fairgrounds				
Botswana						Gaborone				
Tel: +267 3132909/ 3132910						Botswana				
Fax: +263 3132922										
Email: <a href="mailto:info@sadcas.org">info@sadcas.org</a>										
<b>Please complete ALL applicable sections of the form in CLEAR PRINT or in type.</b>										
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. <b>All applications submitted by email must be forwarded, duly signed, by surface/special courier mail.</b>										
Receipt of payment of the application fee shall be required prior to processing the application.										
<b>Note:</b> If you do not receive acknowledgement of receipt of your application from the 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>▪ Part 3 for new staff</li> <li>▪ Part 4 for new test method</li> <li>▪ Part 5</li> </ul>
Other <input type="checkbox"/> <i>(Please specify)</i>	
<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, e.g. the Country’s Principal Legal Metrology Act.)	
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><i>Please attach an organogram of your organization indicating the structure of the sections/units/areas to be accredited and their relation to the rest of the organization.</i></b>			

Has the organization ever been accredited before?		<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No
If yes state name of accreditation body:			
Does the organization have an established formal management system?		<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No
If yes state standard upon which system is based:			
How long has this system been in operation?			
What training has been provided for the implementation and maintenance of the system			
To whom has the training been provided for?			
Explain by what means the measurement capabilities of the calibration methods have been established (e.g. measurement capability calculations):			
In which Comparisons / Proficiency Testing (PT) Schemes do you or have you participated in?			
<b>Scheme Name</b>	<b>Parameters</b>	<b>Frequency of Participation</b>	



<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					
<i>List all parameters for which accreditation is sought.</i>					
<b>4(a) Legal Metrology Verification of Measuring Instruments (LMV)</b>					
Management System Standard					
ISO/IEC 17025		ISO/IEC 17020		Other (specify)	
No.	Description of Measuring Instrument	Nominal Range	OIML/ SADCMEI Recommendation(s)	National or other Regulation	Notes
	<i>e.g. Weighing Instrument</i>	<i>e.g. 0 to 15 kg</i>	<i>OIML R 76; SADCMEI D2</i>	<i>Trade Metrology Regulation No. 44</i>	

<b>4(b) Legal Metrology Repair and Maintenance of Measuring Instruments (LMRM)</b>					
Management System Standard					
ISO/IEC 17025		ISO/IEC 17020		Other (specify)	
No.	Description of Measuring Instrument	Nominal Range	OIML/ SADCMEI Recommendation(s)	National or other Regulation	Notes

**CONFIDENTIAL**



**SADCAS F 43 (i)**

	<i>e.g. Weighing Instrument</i>	<i>e.g. 0 to 15 kg</i>	<i>OIML R 76; SADCMEEL D2</i>	<i>Trade Metrology Regulation No. 44</i>	

<b>4(c) Legal Metrology Inspection of Products for Sale (LMIPS)</b>					
Management System Standard					
ISO/IEC 17020		Other (specify)			
<b>No.</b>	<b>Description of Product</b>	<b>Nominal Range</b>	<b>OIML/ SADCMEEL Recommendation(s)</b>	<b>National or other Regulation</b>	<b>Notes</b>
	<i>e.g. Beverages</i>	<i>500 mL</i>	<i>OIML R79 &amp; R87 / SADCMEEL D1 &amp; D4</i>	<i>Trade Metrology Regulation No. 48</i>	


**4(d) Legal Metrology Quantity Control (LMQC)**

Management System Standard

ISO/IEC 17020		SANS 1840/1		Other (specify)	
---------------	--	-------------	--	-----------------	--

No.	Description of Product	Nominal Range	OIML/ SADCME L Recommendation(s)	National or other Regulation	Notes
	<i>e.g. Beverages</i>	<i>500 mL</i>	<i>OIML G21 R79 &amp; R87 / SADCME L D1 &amp; D4</i>	<i>Trade Metrology Regulation No. 48</i>	



--	--	--	--	--	--

**4(e) Legal Metrology Type Testing (LMTT)**

Management System Standard

ISO/IEC 17025		Other (specify)		
---------------	--	-----------------	--	--

No.	Description of Product/ Instrument	Nominal Range	OIML/ SADCME L Recommendation(s)	National or other Regulation	Notes
	<i>e.g. Liquid Fuel Dispenser</i>	<i>flow rate not exceeding 100 L/min</i>	<i>OIML R117</i>	<i>Legal Metrology Regulation No. 94</i>	

**4(f) Legal Metrology OIML Certification Scheme (LMC-1)**

Management System Standard

ISO/IEC 17025		Other (specify)		
---------------	--	-----------------	--	--

No.	Description of Measuring Instrument	Nominal Range	OIML/ SADCME L Recommendation(s)	National or other Regulation	Notes
-----	-------------------------------------	---------------	----------------------------------	------------------------------	-------



	<i>e.g. Evidential Breath Analyser</i>	<i>0.00 mg/L to 2.00 mg/L.</i>	<i>OIML R126</i>	<i>Legal Metrology Regulation No. 93</i>	

<b>4(g) Legal Metrology Certification of Verifiers (LMC-2)</b>					
Management System Standard					
ISO/IEC 17024		Other (specify)			
<b>No.</b>	<b>Description of Measuring Instrument</b>	<b>Nominal Range</b>	<b>OIML/ SADCMEI Recommendation(s)</b>	<b>National or other Regulation</b>	<b>Notes</b>
	<i>e.g. Radar equipment for the measurement of the speed of vehicles</i>	<i>e.g. 0 to 200 km/h</i>	<i>e.g. OIML D14; R91, SADCMEI Dx</i>	<i>e.g. Regulation No. 92</i>	


<b>4(h) Legal Metrology Certification of Repairers (LMC-3)</b>					
Management System Standard					
ISO/IEC 17024		Other (specify)			
No.	Description of Measuring Instrument	Nominal Range	OIML/ SADCMEI Recommendation(s)	National or other Regulation	Notes
	<i>e.g. Road and Rai Tankers with level gauging</i>	<i>e.g. 0 to 6000 L</i>	<i>e.g. OIML R80, SADCMEI Dx</i>	<i>e.g. Regulation No. 92</i>	




Attach copies of all applicable legislation (i.e. Acts and Regulations).  
Do not attach ISO Standards or OIML Recommendations.

<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 all relevant parts of Application Form	
d) Completed SADCAS F 43 (f) Application for Approval of Personnel	
e) Copy of authorized calibration methods	
f) Completed uncertainty calculation in matrix form, with the proposed measurement capabilities not exceeding these values	
g) Information regarding active participation in PT schemes/ILCs where available	
h) Procedure for validation of methods, an example of validation data	
i) Signed SADCAS Accreditation Agreement – SADCAS F44	
j) 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 SADCAS accreditation requirements and procedures 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>	