

Application for Accreditation Proficiency Testing Provider (PTP)

(Strictly Confidential)

1. Name and Address of Organization		
Legal Organization Name:		
Legal Address:		
Address		
<ul style="list-style-type: none"> • Please provide a separate listing of addresses if more than the above address will be part of the accreditation. 		
<i>Phone:</i>	<i>Fax:</i>	<i>Website:</i>
2. Executive Level Contact Information		
Name	Title	
<i>Phone:</i>	<i>Fax:</i>	<i>E-mail:</i>
3. Secondary Contact Information (i.e. Primary Contact for Accreditation Activities, if different than above)		
Name	Title	
<i>Phone:</i>	<i>Fax:</i>	<i>E-mail:</i>
4. Number of staff employed by organization: Technicians_____ Support Staff_____ Total: _____		
5. Is this organization internal to a larger company doing other activities? (If the answer to 4 is yes, answer a thru e). a. Are the other activities the main activities? b. Describe the nature of the other activities? c. Does the organization undertake conformity assessment activities for its own organization? d. Does the organization undertake conformity assessment activities for outside organizations? e. Enclose an organization chart showing the outline of the organization and the chain of command from the highest executive at that location down to the laboratory head.		___ Yes ___ No ___ Yes ___ No ___ Yes ___ No ___ Yes ___ No ___ Yes ___ No
5. Has the organization been assessed by any other accreditation bodies in the past? If yes, please indicate the type and date of last assessment, which		___ Yes ___ No

<p>covered the activities included in this application, and enclose copies of the most recent certificate.</p> <p>Please Explain the reason for seeking transfer of accreditation (i.e. cost, service etc.) _____</p>	<p>___ Yes ___ No</p>
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<p>6. Please specify the industry(s) you service:</p> <p><input type="checkbox"/> Agriculture</p> <p><input type="checkbox"/> Automotive</p> <p><input type="checkbox"/> Aerospace</p> <p><input type="checkbox"/> Construction</p> <p><input type="checkbox"/> Consumer Product Safety Commission (CPSC)</p> <p><input type="checkbox"/> Cosmetic</p> <p><input type="checkbox"/> Cannabis</p> <p><input type="checkbox"/> DoD</p>	<p><input type="checkbox"/> Drug</p> <p><input type="checkbox"/> Environmental</p> <p><input type="checkbox"/> EPA Energy Star</p> <p><input type="checkbox"/> Food</p> <p><input type="checkbox"/> Forensic</p> <p><input type="checkbox"/> Medical</p> <p><input type="checkbox"/> Nuclear</p> <p><input type="checkbox"/> Textile</p> <p><input type="checkbox"/> Other Please Specify: _____</p>
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Is your facility interested in a pre-assessment? ___ Yes ___ No

Are you currently working with a consultant to prepare for accreditation? ___ Yes ___ No

Please indicate your target date to achieve accreditation by. _____

How did you hear about PJLA? Website Referral Tradeshow Other

COMPLETED BY:

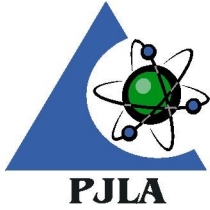
Signature _____

Name _____

Title _____

Date _____

Return to: Perry Johnson Laboratory Accreditation, Inc. / Attn: President/Operations Manager
 755 W. Big Beaver Road, Suite 1325 Troy, MI 48084
 email to: pjlabs@pjlabs.com fax to: (248) 213-0737



Proficiency Testing (PT) Provider ISO/IEC 17043:2010

In the table below, please specify your preferred scope of accreditation. Continue on additional supplementary sheets, if necessary. From this information, we can better determine how much time on-site is necessary to evaluate your organization. Please attach your catalog, equipment list related to the items listed below. If you need assistance in completing this section, please refer to WI-8 . Work instruction for setting up scope of accreditation-Proficiency Testing Providers, found on our website at www.pjilabs.com under the PJLA document section.

PT Scheme/Program Name	PT Item Type	Measurand(s) or characteristic(s) or where appropriate the type of measurand(s) or characteristic(s) that are to be identified, measured or tested.

Please indicate below any activities that are subcontracted:
