




Application for Accreditation

 Tick as applicable

Initial or renewal of accreditation:	complete Section 1
Management Representative audit:	complete Section 2
Extension to letter of accreditation:	complete Section 2
Removal of an AP or a class of instrument:	complete Section 3

Name of organisation seeking accreditation:

Postal address (Head office):

Management Representative:

Name:

Phone number:

Email:

Purchase order number:

 For further information on the accreditation process including fees, instrument categories and required resources, please see the [Accreditation Guide](http://www.trademeasurement.tradingstandards.govt.nz) which is available at www.trademeasurement.tradingstandards.govt.nz

Section 1. This section relates to requesting an audit on your quality manual


The applicant requires the systems and compliance audit processes for this application to be carried out by:

Trading Standards:

Other: Name of organisation commissioned to undertake audit work:

Renewal of Accreditation: Provide a list of APs and their relevant categories and location with this application form

Declaration letter (Regulation 17) attached: Yes No

 **Note:** The application can only be accepted for consideration when:

1. A copy of the applicant's proposed documented quality management system is attached.
2. Fully documented systems or compliance audit reports are attached if an organisation other than Trading Standards was contracted to carry out the assessment.



Section 2. This section relates to requesting an extension to the Letter of Accreditation

Proposed date and time:
(dd/mm/yyyy – 12:00 pm)

Site address for audit:

Name and AP number:

Contact details (branch/email/phone):

Category of instrument requested:

Comments:

Name and AP number:

Contact details (branch/email/phone):

Category of instrument requested:

Comments:

Name and AP number:

Contact details (branch/email/phone):

Category of instrument requested:

Comments:

Section 3. This section relates to the removal of an AP or class of instrument from the Letter of Accreditation

Name and AP number:

Contact details (branch/email/phone):

Category of instrument requested:

Date Effective:
(dd/mm/yyyy)

Comments:



Management Representative approval

By ticking the box, the Management Representative approves the above action:

Date approved:
(dd/mm/yyyy)

**TRADING
STANDARDS**



MINISTRY OF BUSINESS,
INNOVATION & EMPLOYMENT
HĀKINA WHAKATUTUKI

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