



Application for Accreditation

The fee charged by Trading Standards Inspectors is based on an hourly rate (\$111.11/hour excluding GST). The hourly rate will include the time taken to conduct the audit, preparation time, administrative costs, plus any reimbursable expenses.



Tick as applicable

- | | | |
|---|--------------------------|---|
| Initial accreditation: | <input type="checkbox"/> | Complete section 1 and 2 |
| Management Representative audit: | <input type="checkbox"/> | Complete section 1 and 2 |
| Renew accreditation: | <input type="checkbox"/> | Complete section 1 and 2 |
| Increase accreditation scope: | <input type="checkbox"/> | Complete section 1 and 2 |
| Remove an AP or class of instrument: | <input type="checkbox"/> | Complete section 1 and 3 (no fee apply) |

Legal name of the organisation:

New Zealand Business Number (NZBN):

www.nzbn.govt.nz

Registered address:
(Head Office)

Address for service:
(if different)

Purchase order number:

Management Representative:

Name:

Phone number:

Email:



For further information on the accreditation process including fees, instrument categories and required resources, please consult the Trading Standards website at www.tradingstandards.govt.nz



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

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

Trading Standards: ☐ Other: ☐

If other, name of organisation commissioned to undertake audit work:

Declaration letter (Regulation 17) attached: Yes ☐ In the QMS ☐ No: ☐



Note: The application can only be accepted when:

1. A copy of the applicant's proposed documented quality management systems 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 the individual applicant(s) and every category sought



Note: Provide a unique email address per individual applicant.

New or Renewal of accreditation when you have more than three individual applicants, provide a list of the individual applicants, their personal identifier if applicable, their unique email address per individual applicant, their phone number, their location and their relevant categories with this application.

Individual 1

Name and personal identifier (if applicable):

Contact details (email / phone / location):

Category of instrument requested:

Comments:

Individual 2

Name and personal identifier (if applicable):

Contact details (email / phone / location):

Category of instrument requested:

Comments:

Individual 3

Name and personal identifier (if applicable):

Contact details (email / phone / location):

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



Note: Removal of accreditation when you have more than one accredited individual, provide a list of the individuals, their personal identifier, their unique email address, their phone number, their location and their relevant categories with this application.

Name and personal identifier:

Contact details (email / phone / location):

Date effective (dd/mm/yy):

Category of instrument requested:

Comments:



Management Representative approval

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

☐

Date approved (dd/mm/yy):

**TRADING
STANDARDS**



**MINISTRY OF BUSINESS,
INNOVATION & EMPLOYMENT**
HĪKINA WHAKATUTUKI

Contact details

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