

APPLICATION FOR AFRAC ASSOCIATE MEMBERSHIP STATUS

1. Name of Applicant Accreditation Body (AB) or National Accreditation Focal Point (NAFP) member:

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2. Address

2a. Head Office Street Address:	2b. Head Office Postal Address:

3. Name of applicant contact person:

4. Position of contact person:

5. Telephone no. (including country code):

6. Facsimile no. (including country code):

7. E-mail address:

8. Complete the sections below if applying as an Accreditation Body

8.1 Do you have offices other than Head Office?

If yes, attach a list of the addresses of all other offices.

8.2 Economy (ies) of accreditation activity *(If the applicant is a multi-economy accreditation body and/or conducts accreditation in more than one economy, list all the economies):*

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8.2.1 Economy (ies) of the location of the Accreditation Body falling in a region other than AFRAC (e.g. ARAC, SADCA, EA):

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8.2.2 If applicable, please explain why the applicant wants to apply to AFRAC, rather than to the Regional Group in which the economy (ies) fall:

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8.3 Legal status of the applicant AB (attach documentary evidence of legal identity):

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8.4 History of the applicant (date of establishment, relevant background):

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**8.5 Applicant's relationship to a larger organization and/or government, if any:
Please provide an organizational chart to illustrate your accreditation services and your relationship with the larger organization / government:**

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8.6 Membership, if any, of a Regional Group, and/or ILAC / IAF (please provide details, which shall include as a minimum: Name of the Regional Group / Partner, Dates:

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8.7 Please provide details of the accreditation services your organization provides:

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	Operational period of the applicant in the scope(s)?	Accreditation criteria used	Number of accreditations granted	Number of applications in process
Calibration Laboratories				
Testing Laboratories				
Medical Testing Laboratories				
Inspection Bodies				
Proficiency Testing Providers				
Producers of Certified Reference Materials				
Product Certification Bodies				
Product IAF endorsed sub-scopes				
Person Certification Bodies				
Persons IAF endorsed sub-scopes				
Management Systems Certification Bodies				
Management Systems IAF endorsed sub-scopes:				
QMS				
EMS				
FSMS				

8.8 Please list all other accreditation programmes:

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9. Complete the sections below if applying as an NAFP

9.1 Does the economy that you serve have a national accreditation body or is served by a multi-economy Accreditation Body (AB)?

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9.2 If the answer to the above is YES, provide the name of the Accreditation Body:

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9.3 Provide proof of recognition by Government for the economy/ies you serve:

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9.4 Provide details of your mandate:

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10. Please complete the Declaration on the following page

11. Please send your completed application along with all requested documents, and the signed Declaration to the AFRAC Secretariat at YolandaV@sanas.co.za.

DECLARATION

The applicant,duly represented by
(Name of Applicant):
the undersigned:

- Declares that the information and supporting documentation provided in this application is correct;
- Accepts that in the event the application is accepted by AFRAC, the applicant shall be bound by the AFRAC Bylaws and Code of Conduct;
- Agrees to uphold and fulfill the respective requirements, obligations and terms of AFRAC Full Members;
- In the case of an AB, declares that they are working towards operating in accordance with the relevant accreditation standards, mandatory ILAC/IAF documents and the requirements of AFRAC;
- In the case of NAFFP, declares that he/she is mandated to (but not limited to) coordinate, promote and market the provision of accreditation services to Conformity Assessment Bodies (CABs).
- Submits the completed application to join AFRAC as an Associate Member.

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(Contact person's name and contact details):

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(Contact person's position):

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(Date)

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(Signature)