

**Application form for Recognised Laboratory Status**

# Notes on the completion of the WRAS Laboratory Recognition Application Form

1. This Application Form should be completed by Testing Laboratories seeking Recognition by WRAS Approvals Schemes for submitting testing results to support a product or material Application.
2. Once the Application Form has been completed and the Requirements for Recognising Test Laboratory and the Test Laboratory Agreement all appropriate supplementary documents (as indicated in the forms) have been attached, please return electronically to the WRAS Approvals at approvals@wrasapprovals.co.uk
3. or alternatively in hard copy to the following address:

**WRAS Laboratory Recognition**

**Unit 13
Willow Road
Pen y Fan Industrial Estate
Crumlin
Gwent
NP11 4EG**

Please ensure that you have read all the appropriate standards and documents relevant to your application. All WRAS Publications are available to download for free from our website. Please visit the Laboratory Recognition section of the WRAS website, <https://www.wrasapprovals.co.uk/lab_recognition/>.

For information on the status and progress of your application, please contact us on ***+44 (0)1495 244666*** or email approvals@wrasapprovals.co.uk.

1. **General**

WRAS will require access to your documented management system (e.g. Quality Manual) during the application and assessment process. Any amendments made to the system during this time should be forwarded to WRAS. Please refer to the **WRAS Privacy Policy** on our website.

All information given to WRAS for the purposes of this application will be treated in the strictest confidence.

**Please note:** incomplete applications will result in a delay in processing; therefore, please ensure you have all the information required before returning it to WRAS, and that you have read, understood and acted upon the appropriate standards, publications and regulations.

# Part 1: Organisation information

|  |  |
| --- | --- |
| 1. Organisation Name:
 | Click here to enter text. |

(Please enter the name of the organisation requiring WRAS Approval, stating ***legal entity*** and ***trading name*** if different.)

|  |  |
| --- | --- |
| Main address: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Website:  | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Tel: Click or tap here to enter text. | Email: Click or tap here to enter text. |

Has the organisation previously been Recognised by WRAS, or *applied* for recognition? [ ]  YES [ ] NO

|  |  |
| --- | --- |
| 1.2 Contact person: | Click or tap here to enter text. |

(If the contact person is *not* an employee of the organisation stated in 1.1, please state the nature of the relationship of this person with the organisation requiring WRAS services)

|  |  |
| --- | --- |
| Position:  | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Address:*(if different from above)*  | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| Tel: Click to enter text. | Mobile: Click to enter  | Email: Click to enter text. |

*The information requested in 1.3 to 1.6 below is required to give WRAS as much background information on the organisation as possible*

1.3 What is the main business activity of your organisation?

|  |
| --- |
| Click to enter text. |

1.4 Please state the legal status of the organisation (check one of the following options):

|  |  |
| --- | --- |
| [ ]  Private limited company | [ ]  Private partnership |
| [ ]  Public limited company | [ ]  Part of an academic institution |
| [ ]  Part of a Public Company (First-Party Laboratory) |  |
| [ ]  Sole trader | [ ]  Other: Click here to enter text. |

|  |  |
| --- | --- |
| State your company registration number (if applicable): | Click to enter text. |

|  |  |
| --- | --- |
| State your company VAT registration number (if applicable): | Click to enter text. |

1.5 Is your organisation part of a Group or Corporation? [ ]  YES *[go to 1.6]* [ ] NO *[go to 1.7]*

|  |  |
| --- | --- |
| 1.6 Group/Corp. Name: | Click to enter text. |

|  |  |
| --- | --- |
| Address: | Click to enter text. |

Please state your organisation’s relationship with the group or Corporation stated above

*(e.g. parent, holding company etc.):*

|  |
| --- |
| Click to enter text. |

|  |  |
| --- | --- |
| 1.1.7 Invoicing address*(if different from address stated in 1.2)* | Click to enter text. |

 1.8 Please detail location(s) from which the testing services will be managed / controlled, and the geographic limits within which the work will be performed?

(It is important for WRAS to establish the span of your operation. Please list all the locations from which either all or elements of the services to be accredited will be managed and/or controlled. In addition to this, if you intend to operate recognised services outside of the UK, regardless of where they will be managed from, please indicate the countries in which you will, or intend to operate.)

|  |
| --- |
| Click to enter text. |

1.8 Detail the scope of Testing to be Recognised by WRAS (please list relevant Standards & Test Code Sheet numbers (TCS))

|  |
| --- |
| Click to enter text. |

# Part 2: Staff information

|  |  |
| --- | --- |
| 2.1 Total number of employees (This number should be the total in the organisation to be recognised) |   |

2.2 Breakdown of location of technical staff to be covered by this application

 (The technical staff refers to assessors, auditors, technicians and/or test engineers involved in the activities to be covered by the WRAS recognition.

|  |  |  |
| --- | --- | --- |
| **Technical Role** | **Number of *permanent* technical staff** | **Number of *contracted* technical staff** |
| Click to enter text. | Click to enter text. | Click to enter text. |

2.3 Manager with operational responsibility

|  |  |
| --- | --- |
| Name | Click to enter text. |

|  |  |
| --- | --- |
| Qualifications | Click to enter text. |

|  |  |
| --- | --- |
| Relevant Experience | Click to enter text. |

* 1. Quality Manager (or equivalent)

|  |  |
| --- | --- |
| Name | Click to enter text. |

|  |  |
| --- | --- |
| Qualifications | Click to enter text. |

|  |  |
| --- | --- |
| Relevant Experience | Click to enter text. |

# Part 3: Other information

3.1 Please detail all other approvals / accreditations held by your organisation

|  |  |
| --- | --- |
| **Name & location of approval body** | **Scope of testing covered** |
| Click to enter text. | Click to enter text. |

3.2 Please give details of any professional networks/associations and/or committees the organisation is a member of, that may be relevant to this application.

|  |
| --- |
| Click to enter text.  |

3.3 If WRAS recognition is offered, do you wish the status to be detailed on the WRAS web-site? [ ] YES [ ] NO Note: this will include contact information and scope of recognition as detailed on this form.

# Part 4: Declaration

The company/organisation applies for Recognition of Laboratory Testing for the scope detailed above.

The company/organisation agrees to comply with the relevant European and/or International Standards, the applicable WRAS requirements, and WRAS Publications as listed on the website (www.wras.co.uk) and to adapt to any changes in the requirements.

The company/organisation has read and accepts the [Privacy Policy](https://www.wras.co.uk/site_information/privacy_policy/), as published on the WRAS website.

I enclose:

[ ]  Quality Manual (or equivalent management system documentation)

[ ]  ISO 17025 Accreditation Certificate and Schedule of Accreditation (if applicable)

[ ]  Evidence of the Legal Status of Organisation (e.g. Certificate of Incorporation*)*

[ ]  One signed copy of the WRAS Recognised Test Laboratory Agreement (WRAS.Cust-404)

[ ]  One signed copy of the WRAS Requirements & Code of Practice (WRAS.Cust-402)

|  |
| --- |
| **Please check you have enclosed all the required documentation. WRAS cannot proceed with your application until all of these items are present** |

I declare that I am authorised, on behalf of the company/organisation, to submit this application, and that the information contained herein is both correct and accurate to the best of my knowledge and belief.

I agree, on behalf of the company/organisation, to meet the charges levied by WRAS for the performance of subsequent Inspections and Surveillance activities required for the Recognition of the Laboratory. See Appendix C of the Laboratory Agreement; WRAS.Cust-404 for further details.

I agree to submit any additional information requested by WRAS to support this application, this may include any Standard Operating Procedures/ work instructions or other documents requested by the WRAS Assessment team.

Signed: Select the date from the calendar

Date: Click to enter text.

Print name: Click to enter text.

Position: Click to enter text.