

EFNDT/CEC/P/05-008

06-09-2005

**APPLICATION FORM FOR CERTIFICATION
BODIES SEEKING REGISTRATION UNDER THE
EFNDT MRA**

The information provided by the applicant Certification Body will be treated strictly in confidence.

Please answer all questions fully.

NAME & ADDRESS OF APPLICANT CERTIFICATION BODY:

.....
.....
.....

Telephone: fax: e-mail:

NAME OF RESPONSIBLE PERSONNEL

Certification Body Chief Executive

Chairman of the Governing Board

DECLARATION:

I undertake, on behalf of the above applicant certification body to comply with the terms and conditions as stated in document EFNDT/CEC/P/05-006, for registration under the EFNDT Multilateral Mutual Recognition Agreement.

I enclose the required documentation in support of the application and a copy of the signed Code of Practice of Certification Body.

I recognise and accept in advance the decision of EFNDT to withdraw the registration of the certification body in case of failure to abide to the Code of Practice.

Signature:..... Date:

Name and Position: Seal of the Certifying Body
(Senior officer as a minimum)



Completed applications, with supporting documents, should be forwarded to:

The EFNDT CEC Secretary
c/o COFREND
1 rue Gaston Boissier
75724 Paris Cedex 15
France
Tel: 33 (1) 44 19 76 18