

EFNDT/CEC/P/05-008 R01
2015-07-01

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:

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Telephone: fax: e-mail:

NAME OF RESPONSIBLE PERSONNEL

Certification Body Chief Executive

Chairman of the Governing Board/Scheme Committee

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 Chairman