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| Company Details |
| Company Name |   |
| UKAS Ref (Existing Customers Only) |   |

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| **Does the applicant already hold accreditation to ISO/IEC 17025?** | **Yes (Testing)**[ ]  **Yes (Calibration)**[ ]  **No** [ ]  |
| **Does the applicant body perform reference materials characterisation activities?** | **Yes** [ ]  **Some** [ ]  **No** [ ]  |
| **Do contractors perform reference materials characterisation activities on behalf of the applicant?** | **Yes** [ ]  **Some** [ ]  **No** [ ]  |

| **No.** | **Materials**  | **Property Values / Parameters / Identities Characterised** | **Characterisation Procedure/Technique****(Refer to ISO 17034:2016 7.12)**  |
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**About subcontractors:**

| **No.** | **Subcontractor Name** | **Subcontracted Function** | **Accreditation/Approval Held** | **Accreditation/Approval Body** |
| --- | --- | --- | --- | --- |
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**IN-HOUSE CALIBRATION:**

Are there any in-house calibration(s) of equipment used for any measurement activities associated with your scope of application?

**Yes** [ ]  **No** [ ]

*If ‘Yes’ please provide details below (refer to UKAS publication* [***TPS 41***](https://www.ukas.com/resources/publications/laboratory-accreditation/) *for information)*

| **No.** | **measured quantity/instrument** | reference standard used | procedure | **purpose (details of measurement activities that this supports)** |
| --- | --- | --- | --- | --- |
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**MULTI-SITE APPLICATIONS:**

If your application covers activities performed at more than one site, details must be provided below.

| **Site No.** | **site location** | activities performed at this site | contact details |
| --- | --- | --- | --- |
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**EXTENSIONS TO SCOPE ONLY:**

1. [ ]  I wish this extension to scope application to be processed now (and understand this may require an extra visit by UKAS).

**Desired target grant date:** Click or tap to enter a date.

(If this field is left blank, a default of 6 months from the date this application is processed will be assigned as the desired grant date)

**Desired assessment arrangements:** Select from drop-down list

(Please note standard *minimum* UKAS timeframe for the assessment of extensions to scope *is 3 months from receipt of application*, and your Assessment Manager will discuss if your chosen option doesn’t fit in with your desired grant date or if your desired grant date isn’t possible)

2. [ ]  I wish this extension to scope application to be processed with my next surveillance/re-assessment visit.

3. [ ]  I would like to propose that this extension to scope application is considered for desktop review (*please note that the decision on the applicability of this proposal will be made by UKAS based on a number of factors including existing scope of accreditation and competences demonstrated*)

**SUPPORTING DOCUMENTATION:**

*For an extension to scope to be progressed by UKAS the following documentation must, as a minimum, be supplied where it is applicable. Applications submitted with no supporting documentation will not be accepted.*

|  |  |  |
| --- | --- | --- |
| **Documentation** | **‘Check’ if supplied** | **Justification for non-submission** |
| Documented Reference Material Production Plan |[ ]    |
| Stability Assessment Data and Summary |[ ]    |
| Homogeneity Assessment Data and Summary |[ ]    |
| Uncertainty of Measurement Budgets |[ ]    |
| Detail of the Measurement Traceability Chain |[ ]    |
| Other (please specify) |   |   |

*For an extension to scope to be considered for desktop review the following documentation, in addition to that listed above, must be supplied, where it is applicable. Applications submitted with no supporting documentation will not be accepted.*

|  |  |  |
| --- | --- | --- |
| **Documentation** | **‘Check’ if supplied** | **Justification for non-submission** |
| Copy of Draft Reference Material Certificate/Statement |[ ]    |
| Production File |[ ]    |
| Certification Report |[ ]    |
| Other (please specify) |   |   |

Declaration:

* I declare that I am authorised, on behalf of the company, to submit this application, and that the information contained herein is both correct and accurate to the best of my knowledge and belief.
* By submitting this application I acknowledge that I have read, understood and accepted UKAS’ [**Standard Terms of Business**](https://ukasonline.sharepoint.com/%3Aw%3A/r/sites/ManagementSystem/Shared%20Documents/FIN%201001%20UKAS%20Standard%20Terms%20of%20Business.docx?d=wadf17ab825b6423a82e739dbd4b75cc1&csf=1&web=1&e=1cxh2y).
* If this application relates to an extension to scope, I understand and accept that:
	+ An initial charge of 0.5 days at the standard day rate will apply to cover scoping of effort required
		- *This will not result in any additional charge to customers who proceed within 12 months of application. If a customer takes no action to progress an extension to scope application over a period of a year with no mitigating circumstances, UKAS reserves the right to withdraw the application. The initial charge is not refundable as it covers work already undertaken. Once an application is withdrawn, if the customer subsequently wishes to progress the extension to scope, they will need to reapply.*
	+ It may be necessary to revise our annual fees upon grant of the extension to scope

|  |  |
| --- | --- |
| **Name:** |   |
| **Position:** |   |
| **Date:** | Click here to enter a date. |

Applications to be Submitted To:

**EMAIL:** **apps@ukas.com**

#### POST: Applications Unit, United Kingdom Accreditation Service, 2 Pine Trees, Chertsey Lane, Staines-upon-Thames, TW18 3HR