

**NATIONAL ACCREDITATION FOCAL POINT JAMAICA  
REGISTRATION & SERVICE REQUEST FORM**

Please complete all sections except the grey shaded sections

<b>1.0 GENERAL INFORMATION FOR ORGANIZATION</b>				
	Name of Organization	Address	Telephone Number(s)	Date
<b>2.0 CONTACT INFORMATION FOR KEY PERSONNEL</b>				
2.1	Contact Officer			
	Name	Email Address	Job Position	
	Telephone Number(s)			
2.2	Quality Manager (if applicable)			
	Name	Email Address	Telephone Number(s)	
<b>3.0 INFORMATION ON THE CONFORMITY ASSESSMENT SERVICE</b>				
3.1	Type of Conformity Assessment Body			
	<input type="checkbox"/> Laboratory <input type="checkbox"/> Inspection Body <input type="checkbox"/> Certification Body			
3.2	Reference Standard for Accreditation			
	<input type="checkbox"/> ISO/IEC 17025 <input type="checkbox"/> ISO 15189 <input type="checkbox"/> ISO/IEC 17020 <input type="checkbox"/> Other ( Please indicate the Standard)			
3.3	Service Requested from NAFF JA			
	<input type="checkbox"/> Self-Assessment Checklist <input type="checkbox"/> ISO/IEC 17025 Quality Management System templates <input type="checkbox"/> Training <input type="checkbox"/> Consultancy <input type="checkbox"/> Gap Analysis <input type="checkbox"/> Internal Audit			

.....  
Requesting Officer's Name and Signature

.....  
Approval Authority's Name and Signature

Receiving Officer:	Client Reference Number:
Date Received:	Date of Application for Accreditation:
Comments on Accreditation Status of CAB:	