

AC 6: Approved or notified body under UK regulations or EC directives



Company Details		
Company Name		
UKAS Ref (Existing Customers Only)	ETS Ref No. (UKAS Use Only)	

This application is for an assessment by UKAS for:	
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Or

Extension of scope of an existing appointment under the UK regulations or EC directive as detailed here	
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NB: If more than one appointment or location is required – please use a separate AC6 form for each one.

Please list details of proposed tasks to be undertaken by the applicant body:

No.	Technical Scope (i.e. Product, Product Range, System or Constituent)	Category of Appointment (i.e. NB, CB or RTPO)	Conformity Assessment Activity (i.e. Regulation, Regulation Schedule or Module)

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Please indicate, against each of the conformity assessment activities given in the table overleaf, the conformity assessment standard or combination of standards in the EN 45000 / ISO/IEC 17000 series with which you believe your organisation complies.



No.	Conformity Assessment (i.e. Regulation, Regulation Schedule or Module)	Relevant Conformity Assessment Standard with which the Organisation Complies

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Declaration

1. The body detailed in the Application Form applies to UKAS for assessment for the purposes of appointment by BERR or other UK competent authority as an approved body or a notified body under an EC Directive.
2. The body complies with the requirements for appointment and agrees to comply with these and the relevant statutory requirements.
3. I enclose a copy of the relevant procedures controlling the work to be performed within the proposed tasks.
4. I understand the manner in which the assessment and appointments system functions, and that details of this application and assessment visits will be made available to the UK competent authority.
5. I understand that UKAS will charge for all relevant work undertaken in processing this application in accordance with current scales of charges (details of which will be provided at request). I understand that an estimate for assessments can be provided on receipt of completed applications and I undertake to accept and pay properly incurred charges for all such relevant work.
6. I declare that I am authorised to act on behalf of the applicant organisation.
7. I confirm that I have forwarded a copy of this AC form, and the completed application form to the relevant contact at the relevant UK competent authority.
8. I declare that the information contained herein is both correct and accurate to the best of my knowledge and belief.

Name: _____

Position: _____

Date: _____

APPLICATIONS TO BE SUBMITTED TO:

EMAIL: apps@ukas.com

FAX: +44 (0) 20 8917 8499

POST: Applications Unit, United Kingdom Accreditation Service, 21-47 High Street, Feltham, Middlesex. TW13 4UN