**Overseas Enquiry Form**

**This form is to be completed by organisations seeking UKAS accreditation but based outside of the United Kingdom.**

|  |  |
| --- | --- |
| **Name of organisation** | Click or tap here to enter text. |
| **Address** | Click or tap here to enter text. |
| **Country** | Click or tap here to enter text. |
| **Contact name** | Click or tap here to enter text. |
| **EmailContact email** | Click or tap here to enter text. |
| **ReceiverContact telephone** | Click or tap here to enter text. |
| **Legal status** | Click or tap here to enter text. |
| **Main activity / activities** | Click or tap here to enter text. |
| **Number of staff** | Click or tap here to enter text. |

**At what locations do the activities to be accredited take place?**

Click or tap here to enter text.

**What accreditation standard(s) are to be used?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ISO/IEC 17025 |  |  | ISO/IEC 17021-1 |  |
| ISO 15189 |  |  | ISO/IEC 17024 |  |
| ISO/IEC 17020 |  |  | ISO/IEC 17065 |  |
| ISO/IEC 17043 |  |  | ISO 14065 |  |
| ISO 17034 |  |  | ISO/IEC 17029 |  |
| ISO 20387 |  |  | Other – please state |  |

**Why are you seeking accreditation from UKAS?**

Click or tap here to enter text.

**What links does the organisation to be accredited have with any UK organisation?**

Click or tap here to enter text.

**What local accreditations are held & with whom?**

Click or tap here to enter text.

**What other accreditations are held with UKAS?**

Click or tap here to enter text.

**What other accreditations are held with any other accreditation body & with whom?**

Click or tap here to enter text.

**Please state where your customer base is located**

|  |  |
| --- | --- |
| Local to your Head Office only: |  |
| Spread throughout your country: |  |
| Spread internationally: |  |

**If spread internationally, in which countries:**

Click or tap here to enter text.

**By submitting this form, you are also agreeing that UKAS may discuss this request with your local accreditation body.**

**Please provide the name of your local accreditation body (if known).**

Click or tap here to enter text.

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