ETHIOPIAN ACCREDITATION SERVICE

Application of Minimum requirement for Testing Laboratory

Date	
Name of Organization	

Region		City		Woreda	
P.O.Box		Phone No.		Fax	

Sr. No.	Type of tests/Scope	Testing/Calibration and verification Method

Requested By:---------------------------- Approved By: --------------------
 (Client)   (EAS)
Signature: ------------------------- Signature: --------------------------

Date :------------------------------ Date :-------------------------------