



Philippine Accreditation Bureau  
Laboratory Accreditation Form  
Application for Signatory Approval

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| Document ID      | LA/SF03           |
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| <b>1. Name of Applicant for Signatory Approval</b>   |  |  |
| <b>2. Field(s)</b><br>(Chemical, Biological, Electrical, Mechanical, Calibration, Medical, Inspection Body, etc.)  |  |  |
| <b>3. Applicant's Qualifications</b><br>(Approved Signatories must be technical personnel closely involved in the day to day work of the laboratory/inspection body)   | <b>Job Title</b>   |  |
|  | <b>Educational Attainment</b><br>(College Degree / Graduate Studies) |  |
|  | <b>Years of Lab Experience / Eligibility</b>                         |  |
| <b>4. Tests/Inspection/Calibrations for which Approval is Sought</b><br>(Please refer to PAB LA/GD Class of Test Structure, indicate the number only. Use of Class of Test Structure is not applicable to Inspection Bodies).  | <b>Class of Test or Product for Inspection Body</b>                  | <b>Specific Test/ Measurement/Inspection</b> |
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| <b>5. Applicant's Practical Experience Relevant to this Application</b><br>(A brief resume of relevant work history and summary of training only is required)<br><br>Applicant Signatory must have appropriate personal experience in the procedures for which approval is sought. They must be aware of any limitations or difficulties with regard to these procedures and must understand the scientific basis of the procedures. Applicant Signatory also needs to be completely familiar with the laboratory management system.<br><br>PLEASE ATTACH COPY OF UPDATED RELEVANT WORK HISTORY AND SUMMARY OF TRAINING relevant to scope being applied. |  |  |
| <b>6. Signature of Applicant</b><br><br>I confirm that the above information is correct and that I understand the functions and duties of a PAB Approved and the requirements for accreditation (Refer to applicable Supplementary Requirements).<br><br><div style="text-align: right;">_____<br/>Signature over Printed Name/Date</div>  |  |  |
| <b>7. Signature of CAB's Authorized Representative</b><br><br><div style="text-align: right;">_____<br/>Signature over Printed Name/Date</div>   |  |  |