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|  | **NATIONAL ORGANIC CONTROL UNIT (NOCU)**  **SRI LANKA EXPORT DEVELOPMENT BOARD**  **REGISTRATION OF LABORATORIES TESTING FOR ORGANIC AGRICULTURAL PRODUCTS** |  |

1. **Name of the Laboratory:**

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1. **Business Address:**

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1. **Name of the Contact Person & Designation:**

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1. **Contact Details:**

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| **Tel:** | **Fax:** | **E-mail:** | **Web-site:** |
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1. **Legal Status:**
2. Business Registration No:
3. Type of Registration:

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|  | **Proprietor** |  | **Partnership** |  | **Public Quoted** |

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|  | **State-owned** |  | **Private Limited** |  | **Other** |

1. **Does your Laboratory obtain accreditation for providing Organic products testing services: Yes/No**
   1. **If yes, please indicate the following details (only for single accreditation)**
      1. **Name of the Accreditation Body:**

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* + 1. **Address**

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* + 1. **Contact Details:**

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| **Tel:** | **Fax:** | **E-mail:** | **Web-site:** |
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**6.1.4 Scope of Accreditation:**

**(Please indicate the specific tests covered under the accreditation)**

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* + 1. **Indicate the title of the standards that you tests:**

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* + 1. **Validity period of the Accreditation**  **(Please attach the copy of certificate & recent audit reports issued by certifier) :**

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* 1. **If your organization has obtained multiple accreditation for the Organic products, please complete the following table**

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| **Name of the Accreditation Body** | **Full Address /Contact Details** | **Scope of Accreditation** | **Validity period of the Accreditation** | **Title of the Standards** |
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**(Please attach copies of the Accreditation Certificates)**

1. **Do you maintain the copies of test reports issued to clients at your end: Yes/No**
2. **Do you provide any other services other than testing services, if so please indicate:**

**(eg. Drawing of samples)**

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1. **Have you faced any suspensions of your accreditation certificate? If so provide those details indicating the reasons:**

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1. **Remarks**

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**I hereby certify that the information given above are true and accurate to the best of my knowledge.**

Name: Signature:

Designation: Date: