

**CSIA Claims Tested (CCT) Mark Test Laboratory Application Form**  
**Full Appointment**  
 Version 1.7.0

**Details of Test Laboratory**

- I wish to apply for a full appointment as a Generalist Test Laboratory
- I wish to apply for full appointment as a Specialist Test Laboratory

Specialist CCT Mark Test Laboratory <i>(Please indicate which specialist category you are apply for)</i>	
Anti-malware (including anti-virus, anti-spam, Trojan detection, etc)	
Biometrics	
Intrusion Detection and Prevention (systems and services)	
Smartcards	
Hardware testing	
Data Erasure (overwriting and degasussing)	

- I wish to renew my Test Laboratory full appointment

Appointment Number for current Test Laboratory full appointment	
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*	+	Full Company Name	
*		Company Registration Number	
*		Registered Company Address	
		Post Code	
	+	Web Address	
		URL to UKAS webpage for company's entry	www.ukas.com/
		UKAS Issue Number	
		UKAS Issue Date	
		Application Contact Name <i>(to be used for all correspondence on this Application)</i>	
		Email Address	
*		Telephone Number	

\* This information will be included in the Test Laboratory Agreement.  
 + This information will be displayed as your contact details on the CCT Mark website.  
 Please make sure your details are correct.

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**Other Contacts details**

**Finance Contact**

This information will be used for the issue and payment of the invoice

		Name of Company Finance Contact	
		Company Address	
		Post Code	
		Email Address	
		Telephone Number	

**Test Laboratory Agreement and Website Contact**

*	+	Name of Nominated Representative	
*	+	Company Address	
		Post Code	
	+	Email Address	
*	+	Telephone Number	
	+	Fax Number	

**Company Contracts Manager**

*		Name of Contracts Manager	
*		Company Address	
		Post Code	
		Email Address	
		Telephone Number	
*		Fax Number	

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**Please Note:** Your application cannot be registered unless you submit all the relevant information, documentation and payment as specified in the CCT Mark Test Laboratory's Guide.

The CCT Mark Secretariat will:

- confirm receipt of this Application;
- also advise the Application Contact whether this application has been registered;
- issue two signed copies of the Test Laboratory's Agreement to the Test Laboratory's agreement contact to sign and return one copy to the CCT Mark Secretariat.

I have sent by email to [secretariat@cctmark.gov.uk](mailto:secretariat@cctmark.gov.uk):

- Registration fee payment (*Please see payment information for details on how to pay*), or the purchase order reference number for the registration fee
- Confirmation of ISO 17025 accreditation by UKAS or an accreditation body in another country
- Extension of Scope to ISO17025 accreditation to cover Generic Claims Test Method
- Other evidence supporting your application as a Specialist Test Laboratory
- Company Logo (in EPS and JPEG formats) for use in the CCT Mark directory/website

**Declaration**

I declare that I am authorised, on behalf of the company, to submit this application, and that the information contained herein is both correct and accurate to the best of my knowledge and belief.

Print Name	
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Position	
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Date	
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