

BRS Form No. 1

**APPLICATION FOR ACCREDITATION AS  
DPWH ACCREDITED PRIVATE TESTING LABORATORY**

The Director  
Bureau of Research and Standards  
Department of Public Works and Highways  
EDSA, Quezon City

Sir:

In accordance with the "Guidelines for the Accreditation of Private Testing Laboratories" issued by DPWH, we hereby apply for assessment as a DPWH accredited private testing laboratory.

1. Name of Applicant: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Telephone Number(s): \_\_\_\_\_

4. Address of Testing Laboratory if Different from No. 2: \_\_\_\_\_

\_\_\_\_\_

5. Telephone Number of Testing Laboratory if Different from No. 3: \_\_\_\_\_

\_\_\_\_\_

6. Name of Duly Authorized Representative: \_\_\_\_\_

\_\_\_\_\_

7. Position of Duly Authorized Representative: \_\_\_\_\_

\_\_\_\_\_

8. Specific Test/s for which accreditation is sought. (Use a separate sheet if necessary): \_\_\_\_\_

\_\_\_\_\_

9. Testing Apparatus and Laboratory Equipment – List down the test facilities for the type of test for which accreditation is sought. Include name of equipment, its purpose/use, manufacturer, date acquired and dated placed in service (Use a separate sheet if necessary).

10. Calibration – State program of calibration of measuring instruments/ equipment. (Use a separate sheet if necessary).

11. List down the personnel in-charge of testing, together with their qualifications.

12. Describe briefly the security measures for ensuring the protection of proprietary rights and confidential information.

In the event that a certificate of accreditation is granted, we hereby agree to comply with the “Guidelines for the Accreditation of Private Testing Laboratories” and to abide by all rules and regulations promulgated by the DPWH for the accreditation of private laboratories of assessed technical competence.

\_\_\_\_\_  
(Signature)  
President/Manager/Duly  
Authorized Representative

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_,  
affiant exhibiting to me his/her Residence Certificate No. \_\_\_\_\_,  
issued at \_\_\_\_\_ on \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

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