

 Tel: 362566 Fax : 364608 E-Mail: info@albanianaccreditation.gov.al	<b>Form for notification of assessment date and its approval</b>	Code DA-FO-012
		Riview no 1 Dt: 22.10.2009
		<i>Faqe 1 nga 1</i>

**Testing/calibration laboratory Certification/inspection body**

- |  |  |
|--|--|
| <input type="checkbox"/> First accreditation | <input type="checkbox"/> Monitoring of accreditation |
| <input type="checkbox"/> Re accreditation    | <input type="checkbox"/> Extension of accreditation  |

<b>Name of organization:</b> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>
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Directorate of accreditation, Sector of Accreditation of:

- |   |   |
|---|---|
| <input type="checkbox"/> Testing laboratories | <input type="checkbox"/> Calibration laboratories |
| <input type="checkbox"/> Certification bodies | <input type="checkbox"/> Inspection bodies        |

Has foreseen that the assessment visit in your organization takes place on the date.-----  
 Please confirm whether you agree with this date or not. If not propose a date of your convenience.

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 Name and signature of person responsible in DA

**Confirmation from the body to be assessed:**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Date proposed -----  
 Please send your confirmation within ....days

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 Name and signature of person responsible of the body