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**Form for notification of assessment date and its approval**

Kodi: DA - FO - 005

Riview no 1  
 Dt:21.10.2009

Faqe 1 nga 1

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

- First accreditation
- Re accreditation
- Monitoring of accreditation
- Extension of accreditation

**Name of organization:**

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Directorate of accreditation, Sector of Accreditation of:

- Testing laboratories
- Certification bodies
- Calibration laboratories
- 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:**

- Yes
- No

Date proposed -----

Please send your confirmation within ....days

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 Name and signature of person responsible of the body