



**window  
& glass**  
association nz

**FIELD TESTING ACCREDITATION  
PROGRAMME**

**APPLICATION  
for  
ACCREDITATION**



**FIELD TESTING ACCREDITATION PROGRAMME**

**1 Applicant**

Name/ Division/ Section, etc

Organisation/Division name **EXACTLY** as it is to appear on your Certificate of Competency. (Upper/lower case NZ, or New Zealand, Ltd or Limited, etc.).

**2 Postal Address**

Organisation/Division/Section seeking accreditation.

**3 Physical Location**

Street address of primary location of the organisation to be assessed. e.g., head office.

**4 Telephone/Email**

Organisation seeking accreditation.

Phone:

Mobile:

Email:

**5 Website address (URL)**

**6 Applicant Ownership Details**

**7 Legal Status**

(e.g., sole trader, limited liability company, partnership, local authority, etc.)

**8 Chief Executive Officer**

Name and title of the Chief Executive Officer of the organisation seeking Accreditation.

**9 Authorised Representative**

Name and title of the person who will be WGANZ's primary point of contact for all matters relating to this application. If address, phone, and fax details are not as above then please provide them as an attachment.



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<p><b>10 On-site Contact Person(s)</b> Please provide name, contact phone numbers, and email address.</p>	
<p><b>11 Types of Test for Which Accreditation is Sought</b></p>	<p><input type="checkbox"/> WGANZ 501      <input type="checkbox"/> WGANZ 502 <input type="checkbox"/> WGANZ 503      <input type="checkbox"/> WGANZ 1105</p>
<p><b>12 Regulatory or Customer Requirements</b> Are you seeking accreditation to meet the requirements of particular customers and/or regulatory bodies?</p>	
<p><b>13 Quality System Documentation</b> Have you completed work on your organisation quality management and/or quality assurance system documentation? If not, please estimate completion date.</p>	
<p><b>14 Timescale of Application</b> Please indicate the date by which you expect to be ready for assessment.</p>	
<p><b>15 Assessment Preparation</b> Please list any external consultants/trainers who have assisted with your training and/or assessment preparations.</p>	
<p><b>16 Application Fee</b> An application fee is payable on submission of this application. If your organisation is already a WGANZ member the application fee is waived.</p>	<p><b>\$1000</b></p> <p><i>An invoice will be sent to you on receipt of this application (which will include bank account details for electronic payment).</i></p>



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**17 Authorisation of Application**

We undertake to allow WGANZ reasonable access to our premises, operations, facilities, and procedures for the purpose of assessment and subsequent review and re-assessment activity. We undertake to pay all reasonable fees and expenses associated with these assessments.

We agree to comply with the requirements for accreditation set out in the WGANZ publication "WGANZ Field Testing Accreditation" and to supply any information required to complete the assessment.

Signature:

Name:

Date:

*(This authorisation shall be made by appropriate senior management)*

**18 Notes for Applicants**

**Criteria and Rules**

Before lodging a formal Application for Accreditation, organisations should ensure that their systems, procedures equipment and facilities comply with all accreditation criteria and conditions for accreditation. They should also ensure that they are familiar with accreditation criteria as set out in the publication, WGANZ Field Testing Accreditation.

An Assessor is available to visit organisations to provide guidance on the application of the accreditation criteria and requirements. Such advisory visits attract the normal hourly professional fees plus expenses.

**Application Fees**

Fees may be revised from time to time by WGANZ. Please consult the current fee schedule (available at [www.wganz.org.nz](http://www.wganz.org.nz)). Fees quoted exclude GST.

**Accreditation Questionnaire**

An Application for Accreditation should be accompanied by a completed relevant Application Questionnaire and the supporting information requested therein. This information is used in the planning of your organisation's assessment and in the briefing of the assessor.

**Authorised Representative**

Each applicant organisation needs to appoint a person to be WGANZ's point of contact for all matters relating to its application. This person is referred to by WGANZ as the "Authorised Representative". The Authorised Representative needs to be a senior staff member who has sufficient authority to ensure that the applicant organisation is prepared for assessment and that, following accreditation, the organisation continues to comply with the accreditation criteria.

**Please return this application form and associated documentation to:**

The Technical Manager  
Window & Glass Association NZ  
PO Box 44 237, Point Chevalier  
Auckland 1246

Phone 09 815 3550  
Mobile 021 992 964  
Email [robert.campion@wganz.org.nz](mailto:robert.campion@wganz.org.nz)