



# Food Act 2008

## Section 82

### Application for Approval of a Laboratory

#### PART A: LABORATORY DETAILS

Laboratory Name: <i>(Full names or corporate name)</i>		
Postal Address:		
Laboratory Address: <i>(If different to postal address)</i>		
ABN:		
Phone:	A/H:	Fax:
Email:		
Website address:		
Details of any direct or indirect interest in any food business: <i>(by either a person concerned in the management of, or an employee of, the laboratory)</i>		
Scope of analyses to be performed: <i>(please attach details if more space required)</i>		

#### Hours of operation:

Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

**Person in charge details:**

First name			
Last name			
Position			
Phone		A/H:	Fax:
Email			

**PART B: DOCUMENTATION**

Please attach copies of the following:

- The certificate of accreditation of the laboratory issued by the National Association of Testing Authorities (NATA) for ISO-IEC 17025-2017;
- The scope of accreditation from NATA detailing the required analyses;
- Any approvals that have been issued by other State jurisdictions in accordance with their respective Food Acts; and
- Any other supporting documentation relevant to your application.

**Declaration:**

I, the person making this application, declare that:

- the information contained in this application is true and correct in every particular;
- the prescribed fee is enclosed with this application (see Part C);
- the laboratory will only agree to perform analyses for the purposes of the *Food Act 2008 (WA)* that will be able to be validated in any court proceeding; and
- All applicable test reports will be issued on a certificate of analysis that complies with the requirements of Part 7 of the *Food Act 2008 (WA)*.

<b>Name of applicant:</b>	
<b>Position of applicant:</b>	
<b>Signature of applicant:</b>	
<b>Date:</b>	

The information gathered in this form will be used for purposes related to the administration of the *Food Act 2008*. In accordance with section 93 of the *Food Act 2008 (WA)*, certain details (analyst name, contact details and scope of approval) will be made publicly available.

## PART C: PAYMENT OF PRESCRIBED FEE OPTIONS

Application fee: \$275 (GST-exempt)

### By Credit Card

Please charge my      MasterCard      Visa

Card No

Card Expiry Date

Cardholder's Name (please print) \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

## Enquiries

### Food Team, Department of Health

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