

# IWTO Licensed Laboratories

## Licensing Application

### I. General Information

Name of Laboratory

Manager/Director

Address

City

Post Code

Country

Telephone

Fax

General Email

Website

VAT Number

Contact Person:

Position

Email

Assistant's email

Telephone number

Financial contact where we should send our licensing invoice to

Name

Job title

Email

Telephone

**II. About your Laboratory**

1. What is the main activity/focus of your laboratory?

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2. What is the number of tests related to wool that your laboratory performs?

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3. What is your motivation for becoming licensed by IWTO?

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4. What is your Laboratory's interest in connecting closer to the wool industry?

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5. Please describe your laboratory as you would like to be introduced and presented to all IWTO members.

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6. Please list the IWTO Test Methods for which you seek to be licensed:

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7. Please indicate the name and address of your national accreditation body, for which you are accredited to ISO/IEC 17025 (or its equivalent):

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8. Please attach a copy of the relevant accreditation certificate and any supporting documentation (once available).

### III. Sign and Date

Please sign and date the form below.

I hereby apply for being a licensed laboratory with IWTO. By signing, I attest that I have the authority and I am empowered to act on the behalf of the organization I represent.

Date

Signature

Name (in capital letters)

Job title

Return application and all supporting documentation to:

IWTO  
Rue de l'Industrie 4  
1000 Brussels, Belgium  
Phone + 32 2 505 40 10  
Email : [licensing@iwto.org](mailto:licensing@iwto.org)