

OFTA

Application for Recognised Testing/Certification Agency (RTA)
for Provision of Testing Services

Name of Agency:	
Address:	
Title and Name of Contact Persons:	
Telephone No.:	
Fax No.:	
Email Address:	
Scope of Testing:	<input type="checkbox"/> Analogue Wireline Equipment <input type="checkbox"/> Digital Wireline Equipment <input type="checkbox"/> Radio Equipment <input type="checkbox"/> Others please specify _____
<i>Please give description and proof demonstrating the compliance of your testing laboratory with the recognition requirements as given in the Information Note OFTA I 411.</i>	

Please put a tick if applicable.

Signature _____

Name _____

Position Held _____

Company Name _____

(with company chop)

Date _____