**Office of the Communications Authority**

**Application for Recognised Testing/Certification Agency (RTA)**

**for Provision of Testing Services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Agency: |  | | | |
| Address: |  | | | |
| Name and Title of  Contact Persons: |  | | | |
| Telephone No.: |  | | | |
| Fax No.: |  | | | |
| Email Address: |  | | | |
| Scope of Testing: |  | Analogue Wireline Equipment | | |
|  | Digital Wireline Equipment | | |
|  | Radio Equipment | | |
|  | Others please specify |  |  |
|  | | | |
| *Please provide:*  *1. details of testing scope in the file attached below; and*  *2. certificate of accreditation to ISO/IEC 17025 with scope of accreditation.* | | | |

🞎 Please put a tick if applicable.

|  |  |
| --- | --- |
| Signature |  |
| Name |  |
| Position Held |  |
| Company Name |  |
| Date |  |

