



Food Act 2008

Section 88

Application for Approval of an Analyst

PART A: ANALYST DETAILS

Analyst Name: <i>(Full name)</i>		
Postal Address:		
Laboratory Name and Address: <i>(where analyses will be performed)</i>		
Is this laboratory a <i>Food Act 2008</i> (WA) 'approved laboratory'?		
Phone:	A/H:	Fax:
Email:		
Details of any direct or indirect interest in any food business as required under section 90 of the <i>Food Act 2008</i> (WA):		
Scope of analyses to be performed: <i>(please attach details if more space required)</i>		

PART B: DOCUMENTATION

Please attach copies of the following:

- The certificate of accreditation of the laboratory to be used by analyst issued by the National Association of Testing Authorities (NATA) for ISO-IEC 17025-2017;
- The scope of accreditation from NATA detailing the required analyses;
- Most recent evidence from NATA of current signatory approval for 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);
- I will only agree to perform analyses for the purposes of the *Food Act 2008* that I will be able to confidently validate 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*.

Name of applicant:	
Signature of applicant:	
Date:	

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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