Compliance Testing Program Conformity Assessment Follow-up Agreement

Model Designation:

The NIJ Compliance Testing Program (CTP) conformity assessment follow-up program has two options, and the applicant must agree to one of the two options:

- 1. Option 1 is for applicants whose manufacturing locations do not have a registered *Quality Management System (QMS) based on ISO 9000:2000* in conjunction with additional body-armor specific *QMS* requirements as described in the *CTP Applicant Package*. Periodic sampling and retesting for this option will be conducted 6 times within the 60 month listing cycle.
- 2. Option 2 is for applicants whose manufacturing locations have a registered *Quality Management System (QMS) based on ISO 9000:2000* in conjunction with additional body-armor specific *QMS* requirements as described in the *CTP Applicant Package*. To demonstrate compliance with CTP QMS requirements, the current certificate of registration/certification must be provided to the CTP. Periodic sampling and retesting for this option will be conducted 3 times within the 60 month listing cycle.

Please select the appropriate option:

- Option 1
- Option 2

Note: In the event that the manufacturing location(s) becomes registered to *Quality Management System (QMS) based on ISO 9000:2000* in conjunction with additional body-armor specific *QMS* requirements the applicant is required to submit to the CTP a certificate of registration/certification in order to change from Option 1 to Option 2.

Conformity Assessment Follow-Up Fees:

The applicant is required to pay all appropriate fees associated with the conformity assessment follow-up process as identified in the *CTP Applicant Package*.

Authorized Representative:

As the applicant's authorized representative, I have the authority to agree to all requirements of this document on the applicant's behalf and attest that all statements are correct and made in good faith.

Signature of Authorized Representative

Date

NLECTC National Representative Acknowledgement:

Signature

Date

Name (Please print/type)

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