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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