



**FORM OF REGISTRATION OF LABORATORY WITH
NATURAL RESOURCES AND ENVIRONMENT BOARD
SARAWAK**

PART A

- (1) Name of Laboratory : _____
- (2) Business Address : _____

- (3) Telephone No. : _____
- (4) Name of owner/
proprietor : _____
- (5) Business Licence No. : _____
- (6) Accredited Bodies : _____
- (7) Types of Laboratory
Services provided : _____
(Please state whether Chemical, Microbiological or others)
- (8) Range of Testing : _____
(Use separate sheet of paper if space is not sufficient)
- (9) Major Analytical Equipment
- (a) Measuring Equipment : _____
- (b) Preparatory Equipment : _____
(Use separate sheet of paper if space is not sufficient)
- (10) Name and qualifications of
Chief Chemist : _____
(Please submit certified true copies of certificates)
- (11) Name and qualifications of
other Chemists : _____
(Please submit certified true copies of certificates)

PART B

DECLARATION

I, the UNDERSIGNED HEREBY DECLARE that the information given above are true and correct to the best of my belief and knowledge.

I understand that the Natural Resources and Environment Board reserves the right to cancel my registration if the information given are found to be false.

Signature : _____

Name : _____

Date : _____

Official stamp of
the Company : _____