



**UNITED STATES DEPARTMENT OF COMMERCE  
National Institute of Standards and Technology**

**CAB DECLARATION**

As an authorized representative of the organization, I/we hereby declare and commit to the following terms:

I/We have read and understand all of the requirements and responsibilities of being designated as a U.S. Conformity Assessment Body (CAB) under a government-to-government Mutual Recognition Agreement or Arrangement (MRA). This includes the text of the MRA(s) for which the organization is a designated CAB, the appropriate directive and/or the technical and administrative requirements of foreign regulatory authorities, as well as the relevant NIST criteria for designation. I/We understand the organization shall comply with all of the above, and shall continue to comply, in order to achieve and maintain designation by NIST as a U.S. CAB.

I/We understand that periodically NIST will request the organization to provide updated information in order to maintain a designation(s), and it is the responsibility of the organization to respond to such requests within the specified period of time. In addition, I/we understand it is incumbent upon the organization to notify NIST within 30 days of any significant changes in status of the staff previously named as primary and alternate contacts and key technical personnel; changes in accreditation status and professional liability insurance coverage (if applicable); changes in address, location, and legal status; and any other factors that might affect the organization's ability to perform the functions of a CAB under any of the agreements for which the organization is designated. Please note: It is the responsibility of the CAB to provide NIST with current valid certificates and scopes of accreditation and proof of professional liability insurance coverage (if applicable) within 30 days of renewal.

I/We understand the organization is designated only for the specific scope and location indicated in official MRA designation letter(s) received from NIST. No other activities of the organization are included in a designation. The organization will not state or imply that it has received NIST recognition for any activities other than those covered by the designation(s).

Name of Organization: \_\_\_\_\_

\_\_\_\_\_  
Primary Contact Signature

\_\_\_\_\_  
Alternate Contact Signature

\_\_\_\_\_  
Primary Contact Printed Name

\_\_\_\_\_  
Alternate Contact Printed Name

\_\_\_\_\_  
Date

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Date