

Form to be returned via email to the
Secretariat
John Lambert
info@interwoollabs.org

APPLICATION FOR ADMISSION

**Testing of mean fibre diameter
of wool by the AIR-FLOW apparatus**

NAME of organisation :
Registered address :

Name of Authorised Representative :

NAME & ADDRESS of the laboratory(ies) :

NAME of the delegate responsible :

ADDRESS :

TELEPHONE :

FAX :

E-MAIL :

CORRESPONDENCE to be addressed to :

We wish our affiliation to INTERWOOLLABS and adhere to its Statutes. For this purpose, we agree to comply with the minimum criteria and recommendations of the Management Committee.

SIGNATURE: _____ DATE: _____

..../....

APPLICATION FOR ADMISSION / AIR-FLOW - INTERWOOLLABS

1. Area and volume of the Laboratory :
2. Full description of the type of air-conditioning and control system :

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APPLICATION FOR ADMISSION

Testing of fibre length measurements by means of the ALMETER apparatus

NAME of organisation :
Registered address :

Name of Authorised Representative :

NAME & ADDRESS of the laboratory(ies) :

NAME of the delegate responsible :

ADDRESS :

TELEPHONE :

FAX :

E-MAIL :

CORRESPONDENCE to be addressed to :

We wish our affiliation to INTERWOOLLABS and adhere to its Statutes. For this purpose, we agree to comply with the minimum criteria and recommendations of the Management Committee.

SIGNATURE: _____ DATE: _____

.../....

APPLICATION FOR ADMISSION / ALMETER - INTERWOOLLABS

1. Area and volume of the Laboratory :
2. Full description of the type of air-conditioning and control system :

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APPLICATION FOR ADMISSION

**Testing of mean fibre diameter
of wool by the OPTICAL FIBRE DIAMETER ANALYSER (OFDA)**

NAME of organisation :
Registered address :

Name of Authorised Representative :

NAME & ADDRESS of the laboratory(ies) :

NAME of the delegate responsible :

ADDRESS :

TELEPHONE :

FAX :

E-MAIL :

CORRESPONDENCE to be addressed to :

We wish our affiliation to INTERWOOLLABS and adhere to its Statutes. For this purpose, we agree to comply with the minimum criteria and recommendations of the Management Committee.

SIGNATURE: _____ DATE: _____

.../....

APPLICATION FOR ADMISSION / O F D A - INTERWOOLLABS

1. Area and volume of the Laboratory :
2. Full description of the type of air-conditioning and control system :

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APPLICATION FOR ADMISSION

Testing of mean fibre diameter of dry-combed wool tops by the PROJECTION MICROSCOPE

NAME of organisation :
Registered address :

Name of Authorised Representative :

NAME & ADDRESS of the laboratory(ies) :

NAME of the delegate responsible :

ADDRESS :

TELEPHONE :

FAX :

E-MAIL :

CORRESPONDENCE to be addressed to :

We wish our affiliation to INTERWOOLLABS and adhere to its Statutes. For this purpose, we agree to comply with the minimum criteria and recommendations of the Management Committee.

SIGNATURE: _____ DATE: _____

.../....

APPLICATION FOR ADMISSION / MICROPROJECTION - INTERWOOLLABS

1. Area and volume of the Laboratory :
2. Full description of the type of air-conditioning and control system :
3. Usual accuracy of control

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info@interwoollabs.org

APPLICATION FOR ADMISSION

**Testing of mean fibre diameter of wool
by the SIROLAN-LASERSCAN Fibre Diameter Analyser**

NAME of organisation :
Registered address :

Name of Authorised Representative :

NAME & ADDRESS of the laboratory(ies) :

NAME of the delegate responsible :

ADDRESS :

TELEPHONE :

FAX :

E-MAIL :

CORRESPONDENCE to be addressed to :

We wish our affiliation to INTERWOOLLABS and adhere to its Statutes. For this purpose, we agree to comply with the minimum criteria and recommendations of the Management Committee.

SIGNATURE: _____ DATE: _____

..../....

APPLICATION FOR ADMISSION / SIROLAN-LASERSCAN - INTERWOOLLABS

1. Area and volume of the Laboratory :
2. Full description of the type of

