Registration Authority Confirmation (RAC) Form

This template shall be completed for both new and revised RA Standards in accordance with the ISO RA Policy.

**It shall be completed by the committee secretariat and submitted to the responsible ISO Central Secretariat Technical Programme Manager (TPM) as soon as possible, but no later than the beginning of the preparatory (WD) stage (see** [**Annex SN, clause 3.2 of the RA Policy in the ISO/IEC Directives Part 1, Consolidated Supplement**](https://www.iso.org/sites/directives/current/consolidated/index.xhtml#_idTextAnchor606)**).**

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| **TC/SC**  Click here to enter text. |
| **ISO member body holding the secretariat**  Click here to enter text. |
| **ISO/CS TPM to which this RAC Form will be submitted**  Click here to enter text. |
| **Title of RA Standard**  Click here to enter text. |
| **New or revised RA Standard?**  New  Revised |
| **Current stage**  Click here to enter text. |

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| **Reason for need for a RA in the implementation of the RA Standard**  **(for new RA Standards only)**  Click here to enter text. |
| **Description of Registration Services**  **excerpt from RA Standard can be reproduced below or attached to this Form)**  Click here to enter text. |
| **Committee decision to establish (for new RA Standards) or to continue (for revised RA Standards) a RA was confirmed by committee resolution? (to be included once final candidate has been selected by the committee)**  No  Yes – please provide resolution number(s): Click here to enter text. |
| **Selection process in the RA Policy completed?**  No (if no, please provide expected timing for selection process below)  Yes (if yes, provide name of organization willing to be the RA)  Click here to enter text. |
| **Will the RA delegate some or part of the RA Services?**  No  Yes  Don’t know  Click here to enter text. |
| **In the case of new RA Standards, does the RA intend to charge a fee for the Registration Services? For revised RA Standards, is there a change in whether fees are charged?**  No  Yes (if yes, please confirm below that fees will be on a cost recovery basis)  Don’t know  Click here to enter text. |

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| **Name and signature committee secretariat**  Click here to enter text. | **Date**  Click here to enter a date. |