



**National Voluntary  
Laboratory Accreditation Program**

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**INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR ACCREDITATION**

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- (1) Thoroughly read all documents furnished in this application package in order to understand the NVLAP accreditation requirements.
- (2) Print or type all requested information. Where more space is needed for responses, attach additional pages to the application and identify the question(s) being answered.
- (3) Complete the attached **GENERAL APPLICATION**. The laboratory's Authorized Representative must sign page 6 of the General Application to signify agreement with the NVLAP Conditions for Accreditation.
- (4) Complete a **PROGRAM-SPECIFIC APPLICATION** for each program in which you are applying for accreditation.
- (5) Complete the **FEE CALCULATION WORKSHEET**, using the NVLAP Fee Schedule, and remit the required fee with the application. Payment may be made by check, purchase order, credit card, or wire transfer. An application will not be processed until payment is received.
- (6) Make checks and purchase orders payable to: **NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY**. Print "NVLAP" and your NVLAP Lab Code (if assigned) on your check or purchase order to ensure that payment will be credited to the proper account.

To make payment by credit card or ACH, go to: <http://nist.gov/nvlap/>, and click on "Pay Fees by Credit Card/ACH Via Pay.gov" under Quick List.

- (7) Send all applications and worksheets (retain a photocopy for your records) with payment to:

NVLAP/Accounts  
National Institute of Standards and Technology  
Building 101, Room A800  
100 Bureau Drive, Stop 1624  
Gaithersburg, MD 20899-1624

For more information, go to NVLAP's website, <http://nist.gov/nvlap/>, and click on "Apply for Accreditation." For assistance, contact NVLAP by phone, (301) 975-4016; fax, (301) 926 2884; or e-mail, [nvlap@nist.gov](mailto:nvlap@nist.gov).

DATE :

NVLAP LAB CODE:

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## NVLAP GENERAL APPLICATION

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1. **LEGAL NAME AND FULL ADDRESS** of the laboratory.

\_\_\_\_\_  
Laboratory Name

\_\_\_\_\_  
Address (Line 1)

\_\_\_\_\_  
Address (Line 2)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP + 4

\_\_\_\_\_  
Foreign City

\_\_\_\_\_  
Foreign Postal Code

\_\_\_\_\_  
Country

2. **LABORATORY NAME AS YOU WANT IT TO APPEAR ON THE CERTIFICATE AND SCOPE OF ACCREDITATION** (65-character limit).

\_\_\_\_\_

3. **LABORATORY URL** (web site address). If you wish to have the laboratory's URL (Uniform Resource Locator) listed in NVLAP's Internet directory, enter the URL below.

\_\_\_\_\_

4. **FEDERAL TAXPAYER IDENTIFYING NUMBER** of the laboratory. As required by the Debt Collection Improvement Act of 1996 (Public Law 104-134), employer identification numbers or social security numbers must be collected for debt collection purposes.

\_\_\_\_\_

5. **ACCREDITATION HISTORY**

Is the laboratory currently NVLAP-accredited for any field of testing or calibration?

Yes      No.      If Yes, provide its **NVLAP Lab Code**:

DATE :

NVLAP LAB CODE:

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Is the laboratory currently accredited by another ILAC-recognized accreditation body?

(See NVLAP Policy Guide PG-7-2010, *Transfer of accreditation from another ILAC-recognized accreditation body*, for eligibility conditions for a transfer of accreditation.)

Yes      No

If Yes, please provide the following information (attach additional sheets if needed):

Name of other accreditation body (AB): \_\_\_\_\_

Accreditation number with the other AB: \_\_\_\_\_

Does laboratory intend to maintain its accreditation with the other AB?

Yes      No. If No, please indicate the reason for seeking this change in accreditation provider:

6. **OWNERSHIP** of the laboratory.

Name of owner

\_\_\_\_\_

Type of ownership (check one):

7. **TYPE OF LABORATORY**

Check one of the following as it applies to the laboratory:

DATE :

NVLAP LAB CODE:

8. **AUTHORIZED REPRESENTATIVE** of the laboratory. The Authorized Representative is responsible for ensuring that the laboratory complies with the conditions and criteria for accreditation. This person's name will appear in NVLAP directories and on Scopes of Accreditation. The Authorized Representative will receive all NVLAP correspondence, receive proficiency testing materials and reports, and be contacted about on-site assessments.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

9. **APPROVED SIGNATORY(S)** of the laboratory. An Approved Signatory is recognized by NVLAP as competent to sign accredited laboratory calibration or test reports. The laboratory must designate one or more staff members as an Approved Signatory. The laboratory's Authorized Representative may, if appropriate, also serve as an Approved Signatory.

List the Approved Signatory(s) below. If more space is needed, attach additional pages.

**Name 1:** \_\_\_\_\_

Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Field(s) of accreditation for which signatory is approved to sign reports:

\_\_\_\_\_

**Name 2:** \_\_\_\_\_

Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Field(s) of accreditation for which signatory is approved to sign reports:

\_\_\_\_\_

DATE :

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**Name 3:** \_\_\_\_\_

Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Field(s) of accreditation for which signatory is approved to sign reports:

\_\_\_\_\_

**Name 4:** \_\_\_\_\_

Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Field(s) of accreditation for which signatory is approved to sign reports:

\_\_\_\_\_

**Name 5:** \_\_\_\_\_

Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Field(s) of accreditation for which signatory is approved to sign reports:

\_\_\_\_\_

**Name 6:** \_\_\_\_\_

Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Field(s) of accreditation for which signatory is approved to sign reports:

\_\_\_\_\_

DATE :

NVLAP LAB CODE:

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**This application will not be processed until the supporting documents requested in question numbers 10, 11, and 12 have been received. Please place a checkmark in the box to indicate that the requested information has been attached to this application.**

#### **10. MANAGEMENT SYSTEM DOCUMENTATION**

In addition to completing this application for accreditation, provide to NVLAP a copy of the laboratory's quality manual and related management system documentation, including records of the latest internal audit and management review. Copies of these documents may be in paper or electronic form. For initial applicants, NVLAP will review the documentation for adequacy prior to conducting an on-site assessment. If nonconformities are found during the document review, NVLAP may require that the applicant laboratory address the nonconformities before the on-site assessment is scheduled.

For renewal applicants, the quality manual and related management system documentation, including records of the latest internal audit and management review, shall be submitted annually with the renewal application. This information will be reviewed by NVLAP as part of the laboratory's regular surveillance to monitor continued fulfillment of the requirements for accreditation.

#### **11. ORGANIZATIONAL CHART**

Attach a detailed organization chart of the laboratory that shows the name, title, and position for all key laboratory personnel concerned with the Scope of Accreditation. For laboratories that are part of a larger organization, attach a second organization chart showing the relationship of the laboratory to other corporate entities or activities.

For the second chart, organizational entity names must be given, but the names of personnel are not required. In order for NVLAP to assess the laboratory's conformance with NIST Handbook 150, paragraphs 4.1.4 and 4.1.5, the chart must show all reporting paths from the laboratory director to other levels of management.

#### **12. LABORATORY DESCRIPTION**

Attach a description of the laboratory and laboratory facilities as it applies to the NVLAP accreditation activities. The description should include laboratory purpose, laboratory size and layout, staff size, major equipment, and use of remote sites/subfacilities/mobile-units.

Describe the scope of operation of the laboratory in the fields of testing or calibration for which accreditation is being sought, including an indication of the amount of testing or calibration that is performed. Note that additional information may be requested in the program-specific applications.

Include a brief overview of other testing or calibration services offered by this laboratory.

DATE :

NVLAP LAB CODE:

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## CONDITIONS FOR ACCREDITATION

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In order to become accredited and maintain accreditation, a laboratory shall agree in writing to:

- (1) comply at all times with the NVLAP requirements for accreditation as set forth in NIST Handbook 150 and relevant technical documents;
- (2) fulfill the accreditation procedure, especially to receive the assessment team, to pay the fees charged to the applicant laboratory whatever the result of the assessment may be, and to accept the charges of subsequent maintenance of the accreditation of the laboratory;
- (3) participate in proficiency testing as required;
- (4) follow NVLAP conditions for referencing accreditation status (NIST Handbook 150, Annex A);
- (5) resolve all nonconformities;
- (6) report to NVLAP within 30 days any major changes that affect the laboratory's:
  - legal, commercial, organizational, or ownership status,
  - organization and management; e.g., key managerial staff,
  - policies or procedures, where appropriate,
  - location,
  - personnel, equipment, facilities, working environment or other resources, where significant,
  - Authorized Representative or Approved Signatories, or
  - other such matters that may affect the laboratory's capability, or scope of accredited activities, or compliance with the requirements of NIST Handbook 150 and relevant technical documents;
- (7) return to NVLAP the Certificate of Accreditation and the Scope of Accreditation for revision or other action should it be requested to do so by NVLAP, or become unable to conform to any of these conditions.

In addition to the confidentiality provisions of NIST Handbook 150 paragraph 1.7, NVLAP, administered by NIST, and the laboratory seeking accreditation acknowledge and agree that the accreditation assessments and proficiency testing work done by NIST/NVLAP is done in accordance with the authority granted to NIST by Title 15 United States Code Section 3710a. The Parties further agree that to the extent permitted by law, NIST will protect information obtained during application, on-site assessment, proficiency testing, evaluation, and accreditation from disclosure pursuant to Title 15 USC 3710a(c)(7)(A) and (7)(B) for a period of five (5) years after it is obtained.

For the first five years that laboratory information is held by NVLAP, both confidentiality provisions will be in force — NIST Handbook 150 and 15USC3710a. Information in NVLAP's possession for more than five years will continue to be held in confidence under the provision of NIST Handbook 150.

As the applicant laboratory's **Authorized Representative**, I agree to the above conditions for accreditation. I attest that all statements made in this application are correct to the best of my knowledge and are made in good faith.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_