

GENERAL APPLICATION FOR NEW LABORATORIES

Instructions for completing the application for accreditation

1. To fill in and save this application form, you must have the latest version of the Adobe Reader software installed on your computer. This software is freely available from the [Adobe Reader website](#).*
2. Thoroughly review the accreditation requirements published in NIST Handbook 150, *NVLAP Procedures and General Requirements*, and in the handbook of the Laboratory Accreditation Program(s) (LAP) for which you are applying. These requirements are published on the LAP webpage for each program. See <http://www.nist.gov/nvlap/>.
3. Complete this interactive fillable General Application Form by entering the requested information in each highlighted box or field. To move from one field to the next, press the Tab key.
4. The laboratory's Authorized Representative (AR) must sign page 4 of the General Application to signify agreement with the NVLAP Conditions for Accreditation.
5. Send this application to NVLAP at nvlap@nist.gov. It is recommended that you retain a copy for your records. A one-time [Initial Application Fee](#) is also required to be submitted in order to process this application form. See below for information to remit the required Initial Application Fee. Once payment is received and the application form is processed, NVLAP will email an acknowledgment to the AR, along with user account information, a link to the NIWS laboratory portal, and instructions for completing the remaining application steps through the NIWS.**
6. For more information, go to NVLAP's website, <http://www.nist.gov/nvlap/>, and click on "Apply for Accreditation." For assistance, contact NVLAP by phone, (301) 975-4016; fax, (301) 926 2884; or email, nvlap@nist.gov.

* Software is identified in order to assist users of this information service. In no case does such identification imply recommendation or endorsement by the National Institute of Standards and Technology.

** If the remaining application steps are not completed within six months of receipt of this form, the application may be canceled.

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Instructions for completing the application for accreditation (continued)

7. Complete the Accounting data and Billing information along with submission of payment of the Initial Application Fee to allow for the processing of the application.

Accounting Data

Business Partner Network (BPN) or DUNS Number

NIST BPN: 929956050

Laboratory BPN or DUNS: _____

Employer/Taxpayer Identification Number (EIN/TIN)

NIST TIN: 53 0205706

Laboratory EIN or TIN No: _____

Billing Information

Lab Billing Information **Bill to Lab/Affiliate is the Lab or Affiliate paying the Invoice

Bill To Lab/Affiliate: _____

Bill to Address: _____

Bill to Phone: _____

Bill to Email: _____

Payment for the Initial Application Fee can be remitted in one of the following methods:

Regular Postal Mail Only:

NIST
P.O. Box 6200-12
Portland, OR 97228-6200

Courier Deliveries & Postal Services Requiring Signature:

U.S. Bank Government Lockbox
Attn: U.S. Department of Commerce NIST 6200-12
17650 NE Sandy Blvd.
Portland, OR 97230

Credit card or ACH:

Go to: <https://pay.gov/paygov/forms/formInstance.html?agencyFormId=31608926>

Wire payment:

U.S. Dept of Treasury
33 Liberty Street
New York, NY 10045
202-874-7132

Payment details field: CL329930001

ABA#: 021030004
ALC#: 13060001

DATE :

NVLAP LAB CODE:

NVLAP GENERAL APPLICATION

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**

DATE :

NVLAP LAB CODE:

3. **LABORATORY ACCREDITATION PROGRAM (LAP)** for which the laboratory is applying.

You may select more than one program.

- | | |
|---|---|
| <input type="checkbox"/> Acoustical Testing Services | <input type="checkbox"/> Federal Warfare System(s) |
| <input type="checkbox"/> Asbestos Fiber Analysis | <input type="checkbox"/> Ionizing Radiation Dosimetry |
| <input type="checkbox"/> Biometrics Testing | <input type="checkbox"/> ITST: Common Criteria Testing |
| <input type="checkbox"/> Calibration Laboratories | <input type="checkbox"/> ITST: Cryptographic & Security Testing |
| <input type="checkbox"/> Carpet and Carpet Cushion | <input type="checkbox"/> ITST: Healthcare Information Tech. Testing |
| <input type="checkbox"/> Construction Materials Testing | <input type="checkbox"/> Law Enforcement and Correct. Equipment |
| <input type="checkbox"/> Efficiency of Electric Motors | <input type="checkbox"/> Radiation Detection Instruments |
| <input type="checkbox"/> Electromagnetic Compatibility & Telecom. | <input type="checkbox"/> Thermal Insulation Materials |
| <input type="checkbox"/> Energy Efficient Lighting Products | <input type="checkbox"/> Voting System Testing |
| <input type="checkbox"/> Fasteners and Metals | |

4. **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: _____

DATE :

NVLAP LAB CODE:

CONDITIONS FOR ACCREDITATION

To become accredited and maintain accreditation, a laboratory shall agree in writing to comply with the following NVLAP conditions for accreditation:

- a) comply at all times with the NVLAP requirements for accreditation as set forth in NIST Handbook 150 and relevant technical documents, including any changes to those requirements;
- b) fulfill the accreditation procedure, especially to receive the assessment team and allow access to information, documents, and records;
- c) when the laboratory conducts activities at clients' sites, have arrangements to provide access to the assessment team;
- d) pay the fees charged to the applicant laboratory as determined by NVLAP, and maintain relevant financial agreements;
- e) participate in proficiency testing as required;
- f) follow NVLAP conditions for referencing accreditation status (see Annex A and Annex E);
- g) resolve all nonconformities;
- h) report to NVLAP within 30 days any significant changes relevant to its accreditation, in any aspect of its status or operation relating to:
 - legal, commercial, organizational, or ownership status,
 - organization, top management, or key personnel, including Authorized Representative and Approved Signatories,
 - main policies,
 - resources and location, including equipment, facilities, and working environment, where significant,
 - scope of accreditation, or
 - other matters that may affect the laboratory's ability to comply with the requirements of NIST Handbook 150 and/or relevant technical documents;
- i) return to NVLAP the Certificate of Accreditation and the Scope of Accreditation should it be requested to do so by NVLAP.

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 _____