



**National  
Voluntary  
Laboratory  
Accreditation  
Program**

**General  
Application  
and  
Instructions**

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB control number. The information collected is used by NVLAP to help assess laboratory compliance with the criteria published in 15 CFR Part 285. Responses to the collection of information are required for a laboratory to be considered for NVLAP accreditation. Confidentiality of the information submitted is handled in accordance with 15 CFR Part 285, Sec. 285.2. The annual public burden for the collection is estimated to average 2.62 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Laboratory Accreditation Program, NIST, Stop 2140, Gaithersburg, MD 20899-2140.

**OMB Number: 0693-0003**  
**Approval Expires: December 31, 2009**

**NIST**  
**National Institute of  
Standards and Technology**  
Technology Administration  
U.S. Department of Commerce



**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 5 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 appropriate **FEE CALCULATION WORKSHEETS**, using the NVLAP Fee Schedule, and remit the required fee with the application. Payment may be made by check, purchase order or charge card. 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 charge card, complete the **AUTHORIZATION TO CHARGE CREDIT CARD** that is included with the Fee Calculation Worksheet.

- (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 assistance or information, contact NVLAP: phone, (301) 975-4016; fax, (301) 926-2884; e-mail, [nvlap@nist.gov](mailto:nvlap@nist.gov).

## NVLAP GENERAL APPLICATION

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

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

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

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

\_\_\_\_\_  
 City

State

ZIP + 4

\_\_\_\_\_  
 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 and hard copy directories, enter the URL below. It is NVLAP's policy to display the URL text only; a web link will not be provided.

\_\_\_\_\_

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

Yes  No. If yes, please provide its NVLAP Lab Code: \_\_\_\_\_ - 0

6. **OWNERSHIP** of the laboratory.

Name of owner

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- Type of ownership (check one):
- |  |   |
|--|---|
| <input type="checkbox"/> Sole proprietorship | <input type="checkbox"/> Federal government   |
| <input type="checkbox"/> Partnership         | <input type="checkbox"/> State government     |
| <input type="checkbox"/> Corporation         | <input type="checkbox"/> Municipal government |
|  | <input type="checkbox"/> Other                |

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

- a. Testing laboratory:
- Commercial testing service
  - Sometimes available for commercial testing
  - Normally not available for commercial testing
- b. Calibration laboratory:
- Government
  - Non-government

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 Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

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) on page 3. If more space is needed, attach additional pages.

**APPROVED SIGNATORY(S):**

**NAME 1:** \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

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

**NAME 2:** \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

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

**NAME 3:** \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

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

**NAME 4:** \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

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

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10. To become accredited and maintain accreditation, the testing or calibration laboratory must supply its **QUALITY MANUAL** to NVLAP or its designated contractor. Call NVLAP for specific instructions regarding the laboratory's Quality Manual for laboratory accreditation program(s) covered by this application.
11. **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. **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.

## CONDITIONS FOR ACCREDITATION

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

- (1) comply at all times with the NVLAP criteria 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 deficiencies;
- (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 \_\_\_\_\_