DATE OF REQUEST: [   ]   NVLAP LAB CODE: [   ]

ELECTROMAGNETIC COMPATIBILITY AND TELECOMMUNICATIONS
ADDENDUM #1 TO APPLICATION FORM

REQUEST TO EXPAND OR REDUCE LABORATORY SCOPE
(including updated revisions of standards)

Instructions: Provide the following information for this request and submit the completed form to NVLAP. Use additional sheets, as needed, with the date and NVLAP Lab Code marked on each page.

PART 1 – FOR SCOPE EXPANSION REQUEST ONLY

1. Provide a prose justification of why the lab considers this scope expansion justified.

2. Do any of these standards require the lab to perform on-site testing, and if yes, does your present scope of accreditation and management system include on-site testing?

3. Do any of these standards require you to subcontract services or to lease test equipment? If yes, please provide a list that identifies the services and the equipment, as appropriate.

4. Is your staff trained for these test methods? If appropriate, please provide an updated staff competency matrix and/or training records.

5. Do you need any outside consultants in order to provide these new test services? If yes, who are these consultants and what services do they provide? Were these consultants available and present at the last NVLAP assessment?

6. Please copy the Title Page of each standard or revision of the standard that you are requesting to be included on your proposed scope of accreditation.

7. What time expectations do you have, if any, on when this scope expansion request should be considered and acted upon?

8. Please use this form in conjunction with the NVLAP document titled *VCCI Registration Form for Accredited Laboratories*, if you are seeking a scope expansion request for VCCI Normative Annex 1, Technical Requirements of Regulations.

9. After submission of these documents, a NVLAP ECT Program Manager or an assessor will contact you. NVLAP may request one or both of the following items: 1) additional information including test reports and test procedure documents that may have been issued or need to be created; 2) the original standard(s) for review.

10. The NVLAP response may result in one of the following outcomes:

• An off-site document review and information review (a teleconference may be necessary), which is performed either by a NVLAP assessor or NVLAP staff, as appropriate. The result of the off-site document review may be that an on-site assessment visit is required (at the applicant laboratory's cost).

• An interim on-site assessment by a NVLAP assessor (at the applicant laboratory's cost).

• Tentative scope expansion approval based on the review of the information that you have already provided.

• Rejection or modification of the scope expansion request.

GO TO PART 2 OF THIS FORM ➡

DATE OF REQUEST:

NVLAP LAB CODE:

PART 2 – COMPLETE FOR SCOPE EXPANSION AND/OR SCOPE REDUCTION

Update the following table for a scope expansion request (add the new standard and/or revision) or for a scope reduction request. If you have any questions or need additional information, please contact the NVLAP ECT Program Manager by phone: 301-975-4016, or by e-mail: NVLAP@nist.gov, or contact the assessor.

LIST REQUESTED SCOPE EXPANSIONS AND REDUCTIONS							
NVLAP Test Method Code (if known)	Scope Expansion? (Mark "X" in column)	Scope Reduction? (Mark "X" in column)	Name of Proposed Standard or Revision	Identify Trained Staff	Added Equipment Identifier	Test Procedure Identifier	Actual or Sample Test Report Identifier