

Project 25

Compliance Assessment Program

Laboratory Application for Assessment and Recognition

Project 25 Compliance Assessment Program Laboratory Application for Assessment and Recognition

INSTRUCTIONS FOR COMPLETING THE APPLICATION

- (1) Thoroughly read all documents furnished in this application package in order to understand the P25 CAP laboratory recognition 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 application. The laboratory's Authorized Representative must sign page 5 of the application to signify agreement with the P25 CAP Conditions for Laboratory Recognition.
- (4) Send all applications and worksheets (retain a photocopy for your records) to:

P25 CAP Laboratory Program Manager
U.S. Department of Commerce
NTIA/ITS.P
325 Broadway
Boulder, CO 80305

For assistance or information, contact the P25 Compliance Assessment Program Laboratory Program Manager at p25-cap-lpm@nist.gov.

P25 CAP LAB CODE:

P25 CAP LAB APPLICATION FOR ASSESSMENT AND RECOGNITION

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 RECOGNITION** (65-character limit).

3. **LABORATORY URL** (web site address). If you wish to have the laboratory's URL (Uniform Resource Locator) listed in the P25 CAP's Internet and hard copy directories, enter the URL below. It is P25 CAP's policy to display the URL text only; a web link will not be provided.

4. Is this the laboratory's initial application for P25 CAP recognition or an application for scope expansion?

First Application Scope Expansion

If this application is for scope expansion, please fill in your P25 CAP Lab Code:

P25CAP____

5. Scope(s) of Recognition for which the laboratory is applying (See Testing Requirements CABs for specific section numbers):

(e.g., *Project 25 Phase 1 Common Air Interface Conventional Subscriber Unit Performance (2.1.1.1)*)

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

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

7. **OWNERSHIP** of the laboratory.

Name of owner:

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

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

- Commercial testing service
- Sometimes available for commercial testing
- Normally not available for commercial testing

9. **AUTHORIZED REPRESENTATIVE** of the laboratory. The Authorized Representative is responsible for ensuring that the laboratory complies with the conditions and criteria for recognition. This person's name will appear in P25 CAP directories and on Scopes of Recognition. The Authorized Representative will receive all P25 CAP correspondence, and be contacted about on-site assessments.

NAME: _____

Title: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Signature: _____

10. **APPROVED SIGNATORY(S)** of the laboratory. An Approved Signatory is recognized by P25 CAP as competent to sign recognized laboratory 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 6. If more space is needed, attach additional pages.

APPROVED SIGNATORIES

NAME 1: _____

Title: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Scopes of Recognition for which
signatory is approved to sign reports: _____

NAME 2: _____

Title: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Scopes of Recognition for which
signatory is approved to sign reports: _____

NAME 3: _____

Title: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Scopes of Recognition for which
signatory is approved to sign reports: _____

NAME 4: _____

Title: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Scopes of Recognition for which
signatory is approved to sign reports: _____

11. To become recognized and maintain recognition, the testing laboratory must supply its **QUALITY MANUAL** to P25 CAP. Contact the P25 CAP Laboratory Program Manager for specific instructions regarding the laboratory's Quality Manual for this application.

12. **Attach a description of the laboratory and laboratory facilities as it applies to the P25 CAP recognition activities.** The description should include laboratory purpose, laboratory size and layout, staff size, major equipment, and use of remote sites/sub-facilities/mobile-units.

Describe the scope of operation of the laboratory in the fields of testing for which recognition is being sought, including an indication of the amount of testing that is performed.

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

CONDITIONS FOR LABORATORY RECOGNITION

In order to become recognized and maintain recognition, a laboratory shall agree in writing to:

- (1) comply at all times with the requirements for recognition as set forth in the current revision of NIST Handbook 153;
- (2) fulfill the recognition procedure, especially to receive the assessment team;
- (3) resolve all deficiencies in accordance with NIST Handbook 153, current revision;
- (4) report to the P25 CAP Laboratory Program Manager 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 recognition activities, or compliance with the requirements of the current version of NIST Handbook 153;
- (5) return to P25 CAP Laboratory Program Manager the Certificate of and Scope of Recognition for revision or other action should it be requested to do so by P25 CAP Laboratory Program Manager, or become unable to conform to any of these conditions.

In addition to the confidentiality provisions of the current revision of NIST Handbook 153, paragraph 1.6, NIST, and the laboratory seeking recognition acknowledge and agree that the recognition assessments are 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, evaluation, and recognition 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 NIST, both confidentiality provisions will be in force — NIST Handbook 153 and 15 USC 3710a. Information in NIST's possession for more than five years will continue to be held in confidence under the provision of NIST Handbook 153.

As the applicant laboratory's **Authorized Representative**, I agree to the above conditions for recognition. 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
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NOTE: This survey contains collection of information requirements subject to the Paperwork Reduction Act. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subject to penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act. The estimate response time for this survey is 60 minutes. The response time includes 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 estimate or any other aspects of this collection of information, including suggestions for reducing the length of this questionnaire, to the National Institute of Standards and Technology, Attn., P25 CAP Laboratory Program Manager at p25-cap-lpm@nist.gov. The OMB number for this survey is 0693-0053, which expires on XXXDateToBeDeterminedXXX.