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OMB Approved  
0579-0130  
Exp.: XX/XXXX

VERSION 3.2

MARCH 29, 2017



## ACCREDITATION APPLICATION FORM

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## APPLICANT DETAILS

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### COMPANY/ORGANIZATION TO BE ACCREDITED

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Legal Name Click or tap here to enter text

Street Address

City

State

ZIP Code

Telephone Number

Fax Number

E-mail Address

Website URL

---

### CONTACT PERSON

---

Full Name Click or tap here to enter text

Position

Street Address

City

State

ZIP Code

Telephone Number

Fax Number

E-mail Address

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### TYPE OF COMPANY/ORGANIZATION

- Seed Company
- Private Seed Company
- Private Agricultural Consultants
- Certification Agency
- State/County Agency
- University Laboratory
- Other

## ACCREDITATION OPTIONS

### SITE DEFINITIONS

#### OPTION 1: Seed Health Testing

- Laboratory-based program to test for plant pathogens in seeds.

#### OPTION 2: Phytosanitary Inspection

- Disease Inspection of plants grown to produce seed in the field, nursery, or greenhouse.

#### OPTION 3: Seed Sampling for Seed Health Testing

- Sampling seeds that require laboratory seed health tests.

#### OPTION 4: Visual Inspection of Seed for Phytosanitary Certification

- Visual inspection of seed shipments at exporter's facility prior to issuance of phytosanitary certificates.

## TEST SITE LOCATIONS TO BE ACCREDITED

### SITE LOCATION 1

Site Location Name (State) Click or tap here to enter text

Street Address

City

State

ZIP Code

Contact Person

Position

Telephone Number

E-mail Address

Accreditation  OPTION 1  OPTION 2  OPTION 3  OPTION 4

## TEST SITE LOCATIONS TO BE ACCREDITED (CONTINUED)

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### SITE LOCATION 2

---

Site Location Name (State) Click or tap here to enter text

---

Street Address

---

City

State

ZIP Code

---

Contact Person

Position

---

Telephone Number

---

E-mail Address

---

Accreditation  OPTION 1  OPTION 2  OPTION 3  OPTION 4

---

### SITE LOCATION 3

---

Site Location Name (State) Click or tap here to enter text

---

Street Address

---

City

State

ZIP Code

---

Contact Person

Position

---

Telephone Number

---

E-mail Address

---

Accreditation  OPTION 1  OPTION 2  OPTION 3  OPTION 4

---

### SITE LOCATION 4

---

Site Location Name (State) Click or tap here to enter text

---

Street Address

---

City

State

ZIP Code

---

Contact Person

Position

---

Telephone Number

---

E-mail Address

---

Accreditation  OPTION 1  OPTION 2  OPTION 3  OPTION 4

## TEST SITE LOCATIONS TO BE ACCREDITED (CONTINUED)

### SITE LOCATION 5

Site Location Name (State) Click or tap here to enter text

Street Address

City

State

ZIP Code

Contact Person

Position

Telephone Number

E-mail Address

Accreditation  OPTION 1  OPTION 2  OPTION 3  OPTION 4

### SITE LOCATION 6

Site Location Name (State) Click or tap here to enter text

Street Address

City

State

ZIP Code

Contact Person

Position

Telephone Number

E-mail Address

Accreditation  OPTION 1  OPTION 2  OPTION 3  OPTION 4

### SITE LOCATION 7

Site Location Name (State) Click or tap here to enter text

Street Address

City

State

ZIP Code

Contact Person

Position

Telephone Number

E-mail Address

Accreditation  OPTION 1  OPTION 2  OPTION 3  OPTION 4

## TEST SITE LOCATIONS TO BE ACCREDITED (CONTINUED)

### SITE LOCATION

Site Location Name (State) Click or tap here to enter text

Street Address

City

State

ZIP Code

Contact Person

Position

Telephone Number

E-mail Address

Accreditation  OPTION 1  OPTION 2  OPTION 3  OPTION 4

### SITE LOCATION

Site Location Name (State) Click or tap here to enter text

Street Address

City

State

ZIP Code

Contact Person

Position

Telephone Number

E-mail Address

Accreditation  OPTION 1  OPTION 2  OPTION 3  OPTION 4

### SITE LOCATION

Site Location Name (State) Click or tap here to enter text

Street Address

City

State

ZIP Code

Contact Person

Position

Telephone Number

E-mail Address

Accreditation  OPTION 1  OPTION 2  OPTION 3  OPTION 4

## OPTION 1: Seed Health Testing

### ACCREDITATION FEES WORKSHEET

FIND NSHS METHODS CODES: [SEEDHEALTH.ORG](http://SEEDHEALTH.ORG)

	Site #	Pathogen	Test Code	Accreditation Fee
1	#	Click or tap here to enter text	Enter Code	\$3,000 minimum fee: 6 tests or less
2				
3				
4				
5				
6				
7				\$250 for each additional test
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
			<b>TOTAL FEES</b>	Total Fees for Option 1

## OPTION 2: Phytosanitary Inspection

### ACCREDITATION FEES WORKSHEET (ADDITIONAL WORKSHEETS PAGES 9-12)

Site #	Site Name (State) Enter Site Name Here	
List of Crops:		Accreditation Fee
1	Click or tap here to enter name of crop	\$2000 per site location
2		\$250 for each additional crop
3		
4		
5		
6		
Site #	Site Name (State) Enter Site Name Here	
List of Crops:		Accreditation Fee
1	Click or tap here to enter name of crop	\$2000 per site location
2		\$250 for each additional crop
3		
4		
5		
6		
<b>TOTAL FEES</b>		Total Fees for Option 2

### LABORATORY PROVIDING DIAGNOSTIC SERVICES

Laboratory Name Click or tap here to enter text		
Contact Person	Position	
Street Address		
City	State	ZIP Code
Telephone	Fax	Email Address



## OPTION 2: Phytosanitary Inspection

### ACCREDITATION FEES WORKSHEET (CONTINUED)

Site #	Site Name (State) <small>Enter Site Name Here</small>
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	List of Crops:	Accreditation Fee
1	Click or tap here to enter name of crop	\$2000 per site location
2		\$250 for each additional crop
3		
4		
5		
6		
7		
8		
9		
10		

Site #	Site Name (State) <small>Enter Site Name Here</small>
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	List of Crops:	Accreditation Fee
1	Click or tap here to enter name of crop	\$2000 per site location
2		\$250 for each additional crop
3		
4		
5		
6		
7		
8		
9		
10		

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## OPTION 2: Phytosanitary Inspection

### ACCREDITATION FEES WORKSHEET (CONTINUED)

Site #	Site Name (State) Enter Site Name Here
--------	--

	List of Crops:	Accreditation Fee
1	Click or tap here to enter name of crop	\$2000 per site location
2		\$250 for each additional crop
3		
4		
5		
6		
7		
8		
9		
10		

Site #	Site Name (State) Enter Site Name Here
--------	--

	List of Crops:	Accreditation Fee
1	Click or tap here to enter name of crop	\$2000 per site location
2		\$250 for each additional crop
3		
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6		
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8		
9		
10		

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## OPTION 2: Phytosanitary Inspection

### ACCREDITATION FEES WORKSHEET (CONTINUED)

Site #	Site Name (State) Enter Site Name Here
--------	--

List of Crops:		Accreditation Fee
1	Click or tap here to enter name of crop	\$2000 per site location
2		\$250 for each additional crop
3		
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10		

Site #	Site Name (State) Enter Site Name Here
--------	--

List of Crops:		Accreditation Fee
1	Click or tap here to enter name of crop	\$2000 per site location
2		\$250 for each additional crop
3		
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5		
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7		
8		
9		
10		

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## OPTION 2: Phytosanitary Inspection

### ACCREDITATION FEES WORKSHEET (CONTINUED)

Site #	Site Name (State) Enter Site Name Here
--------	--

List of Crops:		Accreditation Fee
1	Click or tap here to enter name of crop	\$2000 per site location
2		\$250 for each additional crop
3		
4		
5		
6		
7		
8		
9		
10		

Site #	Site Name (State) Enter Site Name Here
--------	--

List of Crops:		Accreditation Fee
1	Click or tap here to enter name of crop	\$2000 per site location
2		\$250 for each additional crop
3		
4		
5		
6		
7		
8		
9		
10		

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## OPTION 3: Seed Sampling for Seed Health Testing

### ACCREDITATION FEES WORKSHEET

Site #	Site Name (State)	List of Crops	# of Inspectors
#	Enter site name here	Name of crop here	Enter #
<b>TOTAL FEES</b>			\$1000 Flat Fee

## OPTION 4: Visual Inspection of Seed for Phytosanitary Certification

### ACCREDITATION FEES WORKSHEET

Site #	Site Name (State)	List of Crops	# of Inspectors
#	Enter site name here	Name of crop here	Enter #
<b>TOTAL FEES</b>			\$1000 Flat Fee

### LABORATORY PROVIDING DIAGNOSTIC SERVICES

Laboratory Name <small>Click or tap here to enter text</small>			
Contact Person		Position	
Street Address			
City	State	ZIP Code	
Telephone	Fax	Email Address	

# APPLICATION SUBMISSION CHECKLIST

## STEP 1

- Submit a non-refundable **\$400** deposit check payable to USDA
- Sign and Submit all completed Accreditation Application forms to:

**Sarika Negi**

Accreditation and Certification Policy Manager  
 Plant Health Programs – Export Services  
 4700 River Road, Unit 131  
 Riverdale, MD 20737-1236

Tele: 301.851.2349  
 E-mail: sarika.s.negi@aphis.usda.gov

## STEP 2

- Submit a non-refundable **\$600** deposit check payable to Iowa State University
- Submit a copy of your Quality Manual
- Submit a copy of all completed Accreditation Application forms to:

**Gary Munkvold**

NSHS Administrative Unit  
 160 Seed Science Center  
 Iowa State University  
 2115 Osborn Drive  
 Ames, IA 50011

Tele: 515.294.7560  
 Fax: 515.294.2014  
 E-mail: munkvold@iastate.edu  
 Website URL: seedhealth.org

## STEP 3

Upon approval of your application by USDA-APHIS, you will be contacted by the NSHS Accreditation Unit with further instructions on the accreditation process and billing for the total accreditation fee and auditor fees.

<input type="checkbox"/> OPTION 1	Total fees from Accreditation OPTION 1: Page 7	\$ Total or N/A
<input type="checkbox"/> OPTION 2	Total fees from Accreditation OPTION 2: Page 8	\$ Total or N/A
<input type="checkbox"/> OPTION 3	Total fees from Accreditation OPTION 3: Page 13	\$ Total or N/A
<input type="checkbox"/> OPTION 4	Total fees from Accreditation OPTION 4: Page 14	\$ Total of N/A
<b>TOTAL FEES</b>		\$ Total Fees
** If requesting tests from both OPTION 1 & OPTION 2: Subtract \$1000		**Subtract \$1000
<b>ADJUSTED TOTAL</b>		Adjusted Total Fees

## STEP 4

- Company or Organization Authorized Signature

**SIGNATURE:** \_\_\_\_\_

Legal Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_