

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. Do not pay accreditation fees at this time. Payment of fees will be handled through the NVLAP Interactive Web System (NIWS).
6. 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.
7. 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.

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"/> Ionizing Radiation Dosimetry |
| <input type="checkbox"/> Asbestos Fiber Analysis | <input type="checkbox"/> ITST: Common Criteria Testing |
| <input type="checkbox"/> Biometrics Testing | <input type="checkbox"/> ITST: Cryptographic & Security Testing |
| <input type="checkbox"/> Calibration Laboratories | <input type="checkbox"/> ITST: Healthcare Information Tech. Testing |
| <input type="checkbox"/> Carpet and Carpet Cushion | <input type="checkbox"/> Personal Body Armor |
| <input type="checkbox"/> Construction Materials Testing | <input type="checkbox"/> Radiation Detection Instruments |
| <input type="checkbox"/> Efficiency of Electric Motors | <input type="checkbox"/> Thermal Insulation Materials |
| <input type="checkbox"/> Electromagnetic Compatibility & Telecom. | <input type="checkbox"/> Voting System Testing |
| <input type="checkbox"/> Energy Efficient Lighting Products | <input type="checkbox"/> Wood-Based Products |
| <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: _____