**Application for (check one):**  Initial accreditation  Renewal  Transfer

**Legal entity name:**

**Organization name:**

(If different from above or as to be officially listed on the certificate and scope of accreditation. A separate application is required for each accreditation location.)

**Address of site seeking accreditation:**

(As to be officially listed on the certificate and scope of accreditation)

**Mailing address:**

(If different from site seeking accreditation)

**Legal status:**  Government body  Corporation, proprietorship, LLC  Non-profit corporation  Other

**Main contact name:**

(Name to be listed on the accredited lab directory and official link for all communication)

**Name to be listed on the scope:**

(If different than main contact)

**Telephone:**

**Facsimile (if used):**

**Email:**

(Please supply an email address that is checked daily. ANAB will use this email address to officially provide all information to the laboratory.)

**Accounting contact:**

(If different than main contact)

**Accounting email:**

(If different than email above)

**Accounting phone:**

(If different than phone number above)

**Staff size:** Managerial:       Technical:

**Does the organization maintain multiple laboratory sites (may include field operations, mobile labs, and/or satellite sites)?**  Yes  No

Note: If yes, please contact ANAB directly for guidance and requirements for multi-site organizations.

**Has the organization ever been accredited to NELAC or TNI standards?**  Yes  No

**Is the organization accredited to ISO/IEC 17025?**  Yes  No

**If yes, has the organization’s accreditation been suspended in the past 12 months?**  Yes  No

**Does the organization perform in-house calibrations?**  Yes  No

If the organization performs in-house calibrations, list the devices or attach a list:

**Which management system option does the organization employ?**  Option A  Option B

Note: If option B, please provide a copy of the organization’s ISO 9001 certificate or if self-declaring compliance, a copy of the most recent internal audit.

**Is there a specific governmental regulation requirement related to this application for accreditation?**  Yes (if yes, attach the regulation)  No

**Is there a specific governmental entity to which you authorize the release of the details of the assessment activity related to this application for accreditation?**  Yes  No

If yes, provide the following:

**Name of State entity:**

**Name of State contact:**

**Title of State contact:**

**Phone number for contact:**

**Email address for contact:**

**If the facility is outside the United States, is there a specific governmental requirement related to the need for a business visa for U.S. citizens?**  Yes (if yes, attach the requirements)  No

**List recent proficiency testing (PT) activities or provide plan for PT:**

**Attach Draft Scope of Accreditation:** Guidance for preparation of the draft Scope for TNI ELAP Accreditation is provided in the following pages.

**Authorization**

We certify that we have read and agree to comply with the applicable accreditation requirements, including any applicable supplemental and/or technical requirements, [AG 1008, Terms and Conditions for Accreditation](https://anab.qualtraxcloud.com/showdocument.aspx?ID=12433), and [MA 2100, Accreditation Manual for Laboratory-Related Activities](https://anab.qualtraxcloud.com/showdocument.aspx?ID=8152).

We understand that ANAB will use its best efforts to schedule accreditation services on dates agreeable to us and that when we agree to specific dates ANAB will confirm the dates in writing. We understand that if we cancel confirmed dates within 30 days prior to the first confirmed date, ANAB will charge us 50% of the daily fee and travel-related expenses incurred for each cancelled day.

I am authorized by my organization to apply to ANAB for accreditation.

Authorized Representative Signature Date:

**Preparation of Draft Scope of Accreditation**

***Testing Laboratories Only***

The following information must accompany the **Application for Accreditation** to assist in preparation of the Scope of Accreditation. Using the format on the following page, provide the following information:

1. Reference to the general field of testing covered under the scope (e.g., environmental testing).
2. Identification of the group of products, materials, or items tested.
3. Identification of the specific tests or types of tests performed.
4. Identification of the specification, standard (method), or technique used.
5. Other information as applicable such as detection limit, range, type of equipment used, etc.
6. List of analytes in which you are seeking accreditation.
7. ANAB requires scopes of accreditation to meet NIST SP 811 Guide for the Use of the International System of Units (SI), where available. NIST 811 Guide was prepared by the National Institute of Standards and Technology for those who need assistance in the use of the SI in their work, including the reporting of results of measurements. NIST SP 811 can be accessed at www.anab.org.

The table following will be used to develop the draft Scope of Accreditation for your laboratory. A list of suggested test areas follows the table. Please check all that apply to your laboratory.

**Draft Scope of Accreditation – Testing – TNI ELAP**

Please complete the following table **electronically** in Microsoft Word to allow for future modifications. For examples of accredited laboratory scopes, visit [www.anab.org](http://www.anab.org) and click on “Accredited Organizations.

|  |  |  |  |
| --- | --- | --- | --- |
| **Matrix** | **Specific Test or Group of Analytes\*** | **Specification or Standard Method** | **Key Equipment or Technology Used\*\*** |
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Notes:

\*\*Refer to accredited analyte listing for analyte(s) in which the lab is accredited

\*\*As applicable

**Testing Areas and Parameters**

###### ****Instructions:** The following are examples of parameters within each testing area. Check those testing parameters for which your laboratory is seeking accreditation. If you do not see your parameter, check “other” and specify in the space provided. This document is used in conjunction with the draft scope of accreditation above.**

**TNI ELAP Specific**

Environmental: chemistry-organics

Environmental: chemistry-inorganics

Environmental: microbiology

Environmental: radiochemistry

Environmental: toxicity testing

Environmental: asbestos

Additional Information:

Chemical:

Fasteners

Fertilizers

Metals

Solvents

Inorganics/organics

Coal

Water/wastewater

Other-specify:

Environmental:

Air

Asbestos

Environmental lead

Drinking water

Bioassay

Non-potable water

Underground storage

Radon

Solid/hazardous wastes

Other-specify:

Other-specify:

**Draft Analyte Listing: Testing TNI ELAP**

Please complete the table below **electronically** or provide the list in an editable format (Microsoft Word or Excel) to allow for future modifications. For examples of accredited laboratory scopes, go to [www.anab.org](http://www.anab.org) and click on “Accredited Organizations.”

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Analyte**  ***(list analytes below)*** | **Matrix** | | | | | | | |
| **Aqueous**  ***(list methods below)*** | | **Solid**  ***(list methods below)*** | | **Air**  ***(list methods below)*** | | **Other:**  ***(list methods below)*** | |
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