**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:

**Application for scope of:**   ISO/IEC 17043:2010  ISO/IEC 17043:2023  TNI PT Provider

**Has the organization ever been accredited as a PT provider?**  Yes  No

Note: If previously or currently accredited as a PT provider, please attach copies of certificate, scope, and previous reports issued by organization’s accreditation body. The process cannot begin until these reports are received.

**Other qualifications:**

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

Is the organization accredited to ISO 17034?  Yes  No

Note: If previously or currently accredited to the above standards, please attach copies of certificates and scopes of accreditation.

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

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

**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

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

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

**Attach draft scope of accreditation:** Guidance for preparation of the draft scope for PT provider accreditation is provided on the following pages of this application. Draft scope of accreditation must be completed and submitted for ANAB to better serve you. Failure to submit a draft scope prior to the assessment may result in the assessment being delayed.

**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 Inspection, Laboratories and Related Activities (Non-Forensic)](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:      

**Provide details for *all external service providers* related to proposed scope of accreditation. (Copy table as needed.)**

|  |  |
| --- | --- |
| External Service Provider 1 | |
| Company name: | Phone: |
| Street address: | Fax: |
| City, state, ZIP code: | |
| Scope of activities performed by the external service provider: | |
|  | |
| Information about how the PTP assesses the competence of external service provider: | |
|  | |

|  |  |
| --- | --- |
| External Service Provider 2 | |
| Company name: | Phone: |
| Street address: | Fax: |
| City, state, ZIP code: | |
| Scope of activities performed by the external service provider: | |
|  | |
| Information about how the PTP assesses the competence of external service provider: | |
|  | |

|  |  |
| --- | --- |
| External Service Provider 3 | |
| Company name: | Phone: |
| Street address: | Fax: |
| City, state, ZIP code: | |
| Scope of activities performed by the external service provider: | |
|  | |
| Information about how the PTP assesses the competence of external service provider: | |
|  | |

|  |  |
| --- | --- |
| External Service Provider 4 | |
| Company name: | Phone: |
| Street address: | Fax: |
| City, state, ZIP code: | |
| Scope of activities performed by the external service provider: | |
|  | |
| Information about how the PTP assesses the competence of external service provider: | |
|  | |

|  |  |
| --- | --- |
| External Service Provider 5 | |
| Company name: | Phone: |
| Street address: | Fax: |
| City, state, ZIP code: | |
| Scope of activities performed by the external service provider: | |
|  | |
| Information about how the PTP assesses the competence of external service provider: | |
|  | |

|  |  |
| --- | --- |
| External Service Provider 6 | |
| Company name: | Phone: |
| Street address: | Fax: |
| City, state, ZIP code: | |
| Scope of activities performed by the external service provider: | |
|  | |
| Information about how the PTP assesses the competence of external service provider: | |
|  | |

## Draft Scope of Accreditation

Please input your proposed scope of accreditation using the following as an example. Refer to [PR 2355, Preparing a Draft Scope of Accreditation for ISO/IEC 17043 PT Providers](https://anab.qualtraxcloud.com/ShowDocument.aspx?ID=9165" \t "_blank), for completion of the scope related disciplines.

Complete the following table by **typing** and submitting **electronically** in Microsoft Word to allow for future modifications.

**Testing PTPs**

**Example**

**Chemistry**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of Item** | **Property Measured** | **Range of Property**  **(if Needed)** | **Procedure for Establishing Assigned Value** |
| Metals in Water | Antimony | 90 to 900 µg/L | Certified Reference Value or Reference Value |
| Metals in Soil | Antimony | 80 to 300 mg/Kg | Consensus Value from Participants |

**Testing Template (expand table as needed)**

| **Insert Testing Sub-Discipline** | | | |
| --- | --- | --- | --- |
| **Description of Item** | **Properties Measured** | **Range of Property**  **(if Needed)** | **Procedure for Establishing Assigned Value** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**TNI PTPs**

**Example**

**Chemistry**

| **Insert Sub-Discipline** | | |
| --- | --- | --- |
| **Program Area** | **Analyte Group** | **Procedure for Establishing Assigned Value** |
| Drinking Water | Inorganic Disinfection  By-Products | Known Value |
|  |  |  |
|  |  |  |

**TNI Program Template (expand table as needed)**

| **Insert Sub-Discipline** | | |
| --- | --- | --- |
| **Program Area** | **Analyte Group** | **Procedure for Establishing Assigned Value** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Calibration PTPs**

**Example**

**Time and Frequency**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description of PT Item/**  **Artifact** | **Properties Measured** | **Range of**  **Property** | **Expanded Uncertainty of PT Item/Artifact (+/-) (Including Appropriate Units)** | **Procedure for Establishing Assigned Value** |
| Stop Watch | Period, Time, Frequency | Deviations per 1 hour | 0.01% | Reference Value |

**Calibration Template (expand table as needed)**

| **Insert Calibration Major Field** | | | | |
| --- | --- | --- | --- | --- |
| **Description of PT Item/Artifact** | **Properties Measured** | **Range of**  **Property** | **Expanded Uncertainty of PT Item/Artifact (+/-) (Including Appropriate Units)** | **Procedure for Establishing Assigned Value** |
|  |  |  |  |  |
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**Forensic PTPs**

**Example**

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Area** | **Program Description** | **Frequency**  **(if Needed)** | **Procedure for Establishing Assigned Value** |
| Latent Print Comparison | Samples will consist of images of questioned latent prints and set(s) of known finger, palm and/or foot prints. | Annual | Reference Value |
| Footwear Comparison | Samples will consist of images of questioned footwear impressions and set(s) of known footwear impressions | Biannual | Reference Value |
| Tire Track Comparisons | Samples will consist of images of questioned tire track impressions and set(s) of known tire track impressions | Biannual | Reference Value |

**Forensic Template (expand table as needed)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Area** | **Program Description** | **Frequency**  **(if Needed)** | **Procedure for Establishing Assigned Value** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |