Preface A - Preparation

This application form is intended for those organizations seeking accreditation as TNI environmental proficiency testing providers and/or TNI stationary source audit sample providers herein referred to as PT/SSAS Providers. Applicants seeking accreditation as proficiency testing providers in all other areas shall complete A2LA form F302.

Please take the following steps before you begin this application to ensure an effective application process. Note: All A2LA documents referenced in this application can be accessed by using the “document finder” link located on the home page at www.A2LA.org or by contacting A2LA Headquarters at 301 644 3248.

1. Please obtain and read a copy of R303 – Specific Requirements: Accreditation of TNI Proficiency Testing Providers and Stationary Source Audit Sample Providers, P102 - Policy on Measurement Traceability, and R105 - Requirements When Making Reference to A2LA Accredited Status. This will help to ensure a basic understanding of the accreditation process and the criteria for accreditation. Please note that your organization will be evaluated against these requirements, and other requirements/policies referenced in the A2LA R303 - Specific Requirements: Accreditation of TNI Proficiency Testing Providers and Stationary Source Audit Sample Providers document.


3. Create and implement a Quality Manual and Management System (policies and procedures) that meet ISO/IEC 17043 the applicable A2LA requirements and the applicable TNI requirements.

4. Perform a self-assessment/internal audit in accordance with section 5.14 of ISO/IEC 17043 to verify compliance with all applicable A2LA requirements, ISO/IEC 17043, the proficiency testing provider’s own management system and applicable scope schemes and document the results.

5. Perform a management review in accordance with section 5.15 of ISO/IEC 17043 and document the results.

6. Provide a list of proficiency testing schemes for which accreditation is being sought.

7. Please read the policies found in the “Policies” section (Preface B) of this application.

8. Download and complete the F303 – Ownership Confirmation: TNI PT/SSAS Requirements form and submit to A2LA.

9. Obtain and complete the following checklists:

Preface B - Policies

A. A2LA Confidentiality Policy: See R303 – Specific Requirements: Accreditation of TNI Proficiency Testing Providers and Stationary Source Audit Sample Providers, Part C, Section XV. Please place a checkmark in the appropriate block.

1. I authorize A2LA to release information regarding our application status. □

2. I do not authorize A2LA to release information regarding our application status. □

B. Language Policy: All documentation must be provided in English and the assessment conducted in English. An appropriate English translation of pertinent documentation must be provided as well as a translator, if needed, to facilitate the on-site assessment. Please refer to, R303 – Specific Requirements: Accreditation of TNI Proficiency Testing Providers and Stationary Source Audit Sample Providers Part C, Section I.

Part I. Application Information

A. Authorized Representative’s Name

Authorized Representative’s Title

□ Mr. □ Ms. □ Mrs. □ Dr.

B. PT/SSAS Provider’s Name (as it will appear on your Scope of Accreditation and the A2LA website).

C. PT/SSAS Provider’s Address (please enter the physical address of the organization, as it will appear on your Scope of Accreditation and the A2LA website).

Address (Street number, Street, City, State, Zip Code and Country)

D. Telephone Number

Email Address

Mobile Number [If applicable]
E. PT/SSAS Provider’s Website Address  □ (please place a checkmark in the box and enter the website address of your organization, if you wish to include a link to your website on the A2LA website).

Website address

Part I. Application Information (continued)

F. PT/SSAS Provider’s Mailing Address (if different from the PT/SSAS Provider’s physical address).
Address (Street number, Street, City, State, Zip Code and Country)

G. PT/SSAS Provider’s Billing Address (if different from the PT/SSAS Provider’s physical address).
Address (Street number, Street, City, State, Zip Code and Country)

H. PT/SSAS Provider’s Accounts Payable

1. Contact Name

2. Telephone

3. Fax Number

4. Email

I. If the PT/SSAS provider works in shifts, please note the times for each shift:
Part II. Scope of Accreditation

A. Please complete this table for all proficiency testing schemes for which accreditation is being sought:

<table>
<thead>
<tr>
<th>1. Scheme Name (Include test/calibration method if relevant):</th>
<th>2. Frequency of Program:</th>
<th>3. Detailed description of sample/artifact types (include physical description):</th>
</tr>
</thead>
</table>

Part III. Commercial Status

Check one of the following as it applies to your organization. This information is for reference by A2LA in response to inquiries and determines how your organization is categorized in the “Directory of Organizations” section of the A2LA website:

A. Commercial service available (C1): Select this option if you plan to offer proficiency testing services from your scope of accreditation to the general public. □

B. Conditionally available for commercial service (C2): Select this option if on certain occasions you plan to offer proficiency testing services from your scope of accreditation to the general public. □

C. Normally not available for commercial service (C3): Select this option if you never plan to offer proficiency testing services from your scope of accreditation to the general public. □

Part IV. Subcontractors Information

A. Please complete this table for all subcontractors with which the proficiency testing provider has formal arrangements to perform activities specified in the ISO/IEC 17043 standard and that affect the quality of a proficiency testing scheme. These may include but are not limited for the production, testing, measurement, sampling, storage, and distribution of the PT materials/samples or measurement artifacts, and for data.

<table>
<thead>
<tr>
<th>1. Subcontractor Name and address:</th>
<th>2. Accreditations held (if applicable):</th>
<th>3. Description of activities/services rendered:</th>
</tr>
</thead>
</table>
**Part V. Conditions for Accreditation**

A. In order to apply for accreditation, the applicant’s AUTHORIZED REPRESENTATIVE and the AUTHORIZED DEPUTY REPRESENTATIVE must agree to the A2LA \textit{R102 - Conditions for Accreditation} and must attest that all statements made on the application are correct to the best of his/her knowledge and belief. An accredited organization’s AUTHORIZED REPRESENTATIVE and AUTHORIZED DEPUTY REPRESENTATIVE is an official who represents the organization in all matters related to maintaining A2LA accreditation. This official is A2LA’s primary point of contact with the organization. An Accredited Organization’s Authorized Representative shall be in a position of authority to ensure that the organization complies with the A2LA criteria.

Furthermore, this representative is responsible for ensuring that all of the relevant conditions for accreditation are met as of the date this document is signed and that a complete internal audit (and management review) has been conducted by the organization in accordance with their documented procedure and pre-determined schedule. During the on-site assessment, the assessor(s) will examine records and documentation to verify compliance with these Conditions for Accreditation.

**Part V. Conditions for Accreditation (continued)**

As the applicant Provider’s Authorized Representative, I agree to the \textit{R102 - Conditions for Accreditation}. I attest that all statements made on this application are correct to the best of my knowledge and belief.

<table>
<thead>
<tr>
<th>Signature of Authorized Representative (from page 1, Part I, Section A)</th>
<th>Today’s Date</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>B. Authorized Deputy Printed Name</th>
<th>Authorized Deputy Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Authorized Deputy Signature</th>
<th>Today’s Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>D. Telephone Number</th>
<th>Fax Number</th>
<th>Email Address</th>
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</table>

L:\Forms\F323 - Application for Accreditation: TNI Proficiency Testing Provider/Stationary Source Audit Provider Accreditation Program
Part VI. Fee Schedule

A. Payment Options: Please remit a check payable to A2LA. If your organization utilizes Purchase Orders/Contracts please place a checkmark in the box on page 7 of the application. Please be sure to include the purchase order/contract with the application. An invoice will be provided by A2LA for payment. If you elect to make payment with a Credit Card, please contact the Financial Services Department at 301-644-3248 or visit our website at www.A2LA.org.

1. Initial Application Fee for PT/SSAS Providers: This is a one time non-recurring application fee. This fee is non-refundable. The fee is reduced if the organization currently holds A2LA Accreditation in another field of accreditation at this site.

2. Annual Fee for PT/SSAS Providers: Although accreditation is granted for two years, payment of a yearly Annual Fee is required to continue accreditation into the following years.

3. A2LA Accredited Organizational Membership Discount: A PT/SSAS Provider can become a member and purchase an organizational membership from A2LA. Please refer to the A2LA membership website link found on the A2LA web site for additional information and descriptions of benefits and discounts. If you do not have an A2LA membership, please skip to item number 7.

Part V. Fee Schedule (continued)

4. Assessor Deposit: An Assessor Deposit is required for each proficiency testing provider. The proficiency testing provider will be billed (or refunded) the difference between the actual cost of the assessment and the amount of this deposit. Accreditation will not be granted until all fees are paid. Actual costs are computed based on:

- Total Assessment Time per 8-hour day per assessor
- Travel (airfare, rental car, or private auto at the IRS allowable rate);
- Accommodations and Miscellaneous (hotel, meals*, parking, calls, etc.).

*Meals are based on A2LA per diem of $35 per day. International per diem is based on the U.S. Department of State most recently published rates. Travel days where work is not performed will be 50% of the per diem rate.

PT/SSAS Provider: An assessment of a PT/SSAS provider can take from 1 to 5 days on-site with additional time taken for preparation, review and report writing. Travel time is billed at one half the assessment rate. It is to the provider’s advantage to be prepared and to help prepare the assessors beforehand. If any part of the management system documentation is not sent to assessors beforehand, assessors will need additional time on-site. If the scope of accreditation changes significantly as the assessment progresses, assessors may also need more time. If there are significant deficiencies, assessor follow-up review time may be charged. A2LA audits the expenses and pays assessors. Applicants shall not pay assessors directly; however, applicants are responsible for checking the assessor’s written estimate of assessment costs.

Refund Policy: The A2LA application fee is non-refundable. If an organization withdraws the application before completion of the assessment, it may apply for a refund of up to 50% of the A2LA annual fee(s), the entire program specific surcharge and the balance of the unexpended assessor deposit. There will be no refund of annual fees after the assessment has been completed. Refunds of any balance...
remaining on the assessor deposit will be made at the time of the accreditation decision. Any withdrawal or refund request must be in writing.

**Payment Options:** A2LA accepts checks, VISA / MasterCard / Discover / American Express, electronic transfers and ACH transactions. If your organization utilizes Purchase Orders/Contracts please place a checkmark in the box below. Please be sure to include the purchase order/contract with the application. An invoice will be provided by A2LA for payment. If you elect to make payment with VISA or MasterCard, please contact the Financial Services Department at 301-644-3248 or visit our website at www.A2LA.org.

If your organization utilizes Purchase Orders/Contracts please check here. ☐

<table>
<thead>
<tr>
<th>Is this application being submitted as part of a contract between A2LA and your organization or a related organization?</th>
<th>If yes, under what contract name and number (if known)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☐ No ☐</td>
<td>Contract Name:</td>
</tr>
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<td>Contract No:</td>
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</tbody>
</table>

<table>
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<tr>
<th>Have you ever received an estimate for the costs of A2LA accreditation?</th>
<th>If yes, when, and under what MASTER CODE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☐ No ☐</td>
<td>Date:</td>
</tr>
<tr>
<td></td>
<td>MASTER CODE:</td>
</tr>
</tbody>
</table>

To determine the assessment costs associated with your organization, please complete and submit an A2LA F119 – Estimate Request Form or contact A2LA at sales@A2LA.org or 301 644 3204.

**Part VII. Supporting Information**

Please use this checklist to review your application package prior to submission to A2LA. Completion of the required items is necessary for the efficient processing of your application. Delays may occur if clarification or additional information is needed. Before mailing your application to A2LA, please be sure you have read and done the following:

- ☐ Read R303 – Specific Requirements: Accreditation of TNI Proficiency Testing Providers and Stationary Source Audit Sample Providers and other referenced requirement and policy documents to ensure a basic understanding of the accreditation process.
- ☐ Enclosed an up-to-date organization chart and identify, by name, the key personnel involved for each function.
- ☐ If the Proficiency Testing Provider is part of a larger organization, enclosed a chart of its position and reporting relationships within that organization.
- ☐ Enclosed a completed relevant TNI PT and or SSAS Provider checklists.
- ☐ Enclosed a copy of the PT/SSAS Provider’s current uncontrolled quality manual, operating procedures and work instructions. Electronic copies are preferred.
Please complete all sections of this application.

Please ensure that you have read, understood, signed and returned the Conditions for Accreditation (pages 4 and 5).

Reviewed the Fee Schedule and paid the appropriate fees. An application cannot be considered complete until payment, or an arrangement for payment is made.

Part VIII. Survey

A. Please indicate your reason(s) for pursuing accreditation with A2LA and list any sector specific requirements, including specific international technical directives and recognition requirements for approval.

B. Please indicate how you heard about A2LA (e.g. tradeshow, trade magazine, colleague, website, presentations, etc.). Please also identify any A2LA Staff Members that assisted you with this application.

Part VIII. Survey (continued)

C. Please list all accreditations currently maintained with any other accreditation body, accreditation/recognition with a government agency, or additional supplier audits. Note: A2LA may accept some or all portions of valid accreditations granted by other accreditation bodies on a case by case basis.
Part IX. Mailing Instructions

Please return the entire application, along with the requested supporting documentation and payment of fees to:

A2LA
5202 Presidents Court, Suite 220
Frederick, Maryland 21703

If emailing, please submit the entire application along with the requested supporting documentation to:

applications@A2LA.org

If emailing the application, please mail payment of fees to the address above.

Please direct all questions regarding this application to our office at 301 644 3248.

(END OF APPLICATION)

DOCUMENT REVISION HISTORY

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/15/11</td>
<td>Updated assessor fees and all references of NELAC to TNI.</td>
</tr>
<tr>
<td>9/14/12</td>
<td>Updated fee structure.</td>
</tr>
<tr>
<td>9/6/13</td>
<td>Updated fee portions of the application, added additional contact information and commercial status language, revised format of Conditions for Accreditation.</td>
</tr>
<tr>
<td>9/19/14</td>
<td>Updated contract section and changed P101 reference to R105.</td>
</tr>
<tr>
<td>03/25/15</td>
<td>Changed address to new address.</td>
</tr>
</tbody>
</table>

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