

VERSION 3.2
MARCH 29, 2017



ACCREDITATION APPLICATION FORM

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APPLICANT DETAILS

COMPANY/ORGANIZATION TO BE ACCREDITED

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

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)

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

| | 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 | | | | |
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| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |
| 21 | | | | |
| 22 | | | | |
| 23 | | | | |
| 24 | | | | |
| 25 | | | | |
| | | | TOTAL FEES | 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 | | |
| TOTAL FEES | | 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) 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 | | |
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| 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 |
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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 |
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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 |
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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 |
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| | |
|--------|--|
| 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 |
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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 |
| 2 | \$2000 per site location |
| 3 | \$250 for each additional crop |
| 4 | |
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| | |
|--------|--|
| Site # | Site Name (State) Enter Site Name Here |
|--------|--|

| List of Crops: | Accreditation Fee |
|----------------|---|
| 1 | Click or tap here to enter name of crop |
| 2 | \$2000 per site location |
| 3 | \$250 for each additional crop |
| 4 | |
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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 # |
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| TOTAL FEES | | | \$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 # |
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| TOTAL FEES | | | \$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 |
| TOTAL FEES | | \$ Total Fees |
| ** If requesting tests from both OPTION 1 & OPTION 2: Subtract \$1000 | | **Subtract \$1000 |
| ADJUSTED TOTAL | | \$ Adjusted Total Fees |

STEP 4

- Company or Organization Authorized Signature

SIGNATURE: _____

Legal Name:

Title:

Date: