



**NSHS**  
National Seed Health System



## APPLICATION FOR ACCREDITED SCOPE EXPANSION

How to use this form:

- Complete the information on this page.
- Complete the information under the option that scope expansion is requested.
- Sign, date, and submit the form to NSHS. Details on page 4.

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### COMPANY/ORGANIZATION TO ADD ACCREDITATION

Legal Name

Street Address

City

State

Zip Code

Telephone Number

Fax Number

E-mail Address

Website URL

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### CONTACT PERSON

Full Name

Position

Street Address

City

State

Zip Code

Telephone Number

Fax Number

E-mail Address

## SELECT THE OPTION FOR SCOPE EXPANSION

### SEED HEALTH TESTING

List below which testing methods to add to accreditation. List the pathogen and test code (listed at the NSHS website, <https://seedhealth.org/nshs-methods-list-codes/>)

	Pathogen	Test Code	Accreditation Fee - \$250 per test
1			
2			
3			
4			
5			
6			

Is a new or additional testing location being added to the scope?  Yes  No If yes, complete the information below. Accreditation fee is \$3,000 per site, which includes the first 6 tests.

Site Location Name (State)

Street Address

City

State

Zip Code

Contact Person

Position

Telephone Number

E-mail Address

### PHYTOSANITARY FIELD INSPECTION

Add crops to existing accredited location by using the table below (be crop specific). Attach additional pages to the application if more space is required. Accreditation fee is \$250 per crop.

	List of Crops to Add:	Site (Location)	Accreditation Fee
1			
2			
3			
4			
5			
6			

Is a new Phytosanitary Field Inspection location being added to the scope? Yes No If yes, complete the information below and add crops in the table above. Accreditation fee is \$2,000 per site and \$250 per crop.

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Site Location Name (State)

---

Street Address

---

City State Zip Code

---

Contact Person Position

---

Telephone Number

---

E-mail Address

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**SEED SAMPLING FOR SEED HEALTH TESTING**

Add crops to existing accredited location by using the table below (be specific). Attach additional pages to the application if more space is required.

List of Crops to Add:	Site (Location)	# of Inspectors
1		
2		
3		
4		
5		
6		

Is a new sampling location being added to the scope?  Yes  No If yes, complete the information below and add crops in the table above. Accreditation fee is \$1,000.

---

Site Location Name (State)

---

Street Address

---

City State Zip Code

---

Contact Person Position

---

Telephone Number

---

E-mail Address

---

**VISUAL INSPECTION OF SEED FOR PHYTOSANITARY CERTIFICATION**

Add crops to existing accredited location by using the table below (be specific). Attach additional pages to the application if more space is required.

List of Crops to Add:	Site (Location)	# of Inspectors
1		
2		
3		
4		
5		
6		

Is a new location being added to the scope?  Yes  No If yes, complete the information below. Accreditation fee is \$1,000.

Site Location Name (State) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Position \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

## APPLICATION SUBMISSION

Submit copies of this completed Accreditation Application form to:

**Kelly Iverson**

NSHS Administrative Unit  
183C Seed Science Center  
Iowa State University  
2115 Osborn Drive  
Ames, IA 50011

Email: [kiverson@iastate.edu](mailto:kiverson@iastate.edu)  
Telephone: 515.294.6493

and

**Sarika Negi**

Accreditation and Certification Policy Manager  
Plant Health Programs - Export Services  
4700 River Road, Unit 131  
Riverdale, MD 20737-1236

Email: [sarika.s.negi@usda.gov](mailto:sarika.s.negi@usda.gov)  
Telephone: 301.851.2349

Upon approval of your application by USDA-APHIS, you will be contacted by the NSHS Accreditation Unit with further instructions on the accreditation addition process and billing for the accreditation fee and auditor fees.

Company or Organization Authorized Signature

**SIGNATURE:** \_\_\_\_\_

Legal Name:

Title:

Date: