



NSHS

National Seed Health System



APPLICATION FOR ACCREDITED SCOPE EXPANSION

Version 1.1

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.

COMPANY / ORGANIZATION TO ADD ACCREDITED

Legal Name

Street Address

City

State

Zip Code

Telephone Number

Email Address

Website URL

CONTACT PERSON

Full Name

Position

Street Address

City

State

Zip Code

Telephone Number

Mobile

Email Address

SELECT THE OPTION FOR SCOPE EXPANSION

Add methods to existing accredited lab by using the table below. Attach additional pages to the application if more space is required.

☐ Seed Health Testing	
Pathogen and Test Code	Cost (\$200 per method)
TOTAL COST	

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.

☐ Phytosanitary Field Inspection	
List of Crops to Add	Cost (\$150 per crop)
TOTAL COST	

Is a new or additional testing location being added to the scope?
If yes, complete the information below.

Yes ☐ No ☐

Laboratory Name		Cost (\$2000 per state)
Street Address		
City	State	Zip Code
Contact Person		Position
Telephone Number		Mobile
Email Address		

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

☐ **Seed Sampling for Seed Health Testing**

State	Number of Inspectors
Crops Sampled at Site	

Is a new or additional testing location being added to the scope? Yes ☐ No ☐
If yes, complete the information below.

Laboratory Name	Cost (\$1000 per state)		
Street Address			
City	State	Zip Code	
Contact Person	Position		
Telephone Number	Mobile		
Email Address			

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

☐ **Visual Inspection of Seed for Phytosanitary Certification**

State	Number of Inspectors
Crops Tested at Site	

Is a new or additional testing location being added to the scope? Yes ☐ No ☐
If yes, complete the information below.

Laboratory Name	Cost (\$1000 per state)		
Street Address			
City	State	Zip Code	
Contact Person	Position		
Telephone Number	Mobile		
Email Address			

APPLICATION SUBMISSION CHECKLIST

STEP 1

☐ Submit copies of this completed Accreditation Application form to:

Kelly Iverson

NSHS Administrative Unit
160 Seed Science Center
Iowa State University
2115 Osborn Drive
Ames, IA 50011
Tele: 515.294.7560
E-mail: nshs@iastate.edu

Sarika Negi

Accreditation and Certification Manager
Animal and Plant Health Inspection Service
5607 Sunnyside Avenue
Beltsville, MD 20705
Tele: 301.851.2349
E-mail: sarika.s.negi@usda.gov

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: