

APPLICATION FOR ASSESSMENT FOR THE PURPOSES OF CALIFORNIA ELAP ACCREDITATION

1. Laboratory Name: *Exactly as it should appear on IAS listing. Each main or satellite lab must have a separate application.*

2. Laboratory Street Address: *Street Address (exactly as it should appear in listing)*

City/State/Zip:

3. Laboratory Mailing Address: *If different than address listed in #3*

City/State/Zip:

4. Phone No.:

Fax No.:

5. Email Address:

Web Address:

6. Name and title of applicant's technical representative *(if any):*

Address *(if different from address above):*

Phone No.:

Email:

7. Please attach your current ELAP/TNI certificate of accreditation.

8. Please fill out table below.

ELAP Certificate #	Preliminary Assessment Requested		Assessment Requested	
	Yes/No	Fee Agreed to by Customer	Yes/No	Fee Agreed to by Customer
		\$		\$

By signing, the applicant agrees that all the information presented in the above application is true and correct.

Authorized Signature for Applicant

Name of Signer (type or print)

Title

Form may also be submitted directly via email to elap@iasonline.org