IAS INTERNATIONAL ACCREDITATION SERVICE®

Please download the form to your computer before filling out and submitting.

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   **Date**

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