



# **ACCREDITATION APPLICATION FORM**

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## **APPLICANT DETAILS**

COMPANY/ORGAN	IIZATION	TO BE AC	CREDITED		
Legal Name Click or	r tap here	to enter tex	t		
Street Address					
City	State	Zip Code			
Telephone Number		I	Fax Number		
E-mail Address					
Website URL					
CONTACT PERSON					
Full Name Click or t	ap here to	enter text			
Position					
Street Address					
City	State	Zip Cod	de		
Telephone Number			Fax Number		
E-mail Address					
TYPE OF COMPAN	Y/ORGAI	NIZATION			
☐ Seed Company					
☐ Private Seed Test	ting Compa	any			
☐ Private Agricultu	ral Consul	tants			
☐ Certification Age	ncy				
☐ State/County Age	ency				
☐ University Labora	atory				
☐ Other					

### **ACCCREDITATION 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	k or tap here to ente	er 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	2			
Site Location Name	(State) Click	or tap here to ente	er 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 ente	er 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	1			
Site Location Name	(State) Click	or tap here to ente	er text	
Street Address				
City	State	Zip Code		
Contact Person		Position		
Telephone Number				
E-mail Address				
Accreditation C	PTION 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 ente	er 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 ente	er 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 ente	er 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	c or tap here to ente	er text	
Street Address				
City	State	Zip Code		
Contact Person		Position		
Telephone Number				
E-mail Address				
Accreditation 🗆 O	PTION 1	☐ OPTION 2	☐ OPTION 3	☐ OPTION 4
SITE LOCATION				
Site Location Name (	(State) Click	c or tap here to ente	er text	
Street Address				
City	State	Zip Code		
Contact Person		Position		
Telephone Number				
E-mail Address				
Accreditation $\Box$ O	PTION 1	☐ OPTION 2	☐ OPTION 3	☐ OPTION 4
SITE LOCATION				
Site Location Name (	(State) Click	c or tap here to ente	er text	
Street Address				
City	State	Zip Code		
Contact Person		Position		
Telephone Number				
E-mail Address				
Accreditation O	PTION 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					
15					
16					
17					
18					
19					
20					
21					
23					
24					
25					
			TOTAL FEES	Total Fees for Option 1	

#### ACCREDITATION FEES WORKSHEET (ADDITIONAL WORKSHEETS PAGES 9-12)

			<u> </u>	•
Site	#	Site Name (Sta	te) Enter Site Name Here	
List o	of Crops:			Accreditation Fee
1	Click or ta	here to enter	name of crop	\$2000 per site location
2				\$250 for each additional crop
3				
4				
5				
6				
Site	#	Site Name (Sta	te) Enter Site Name Here	
List o	of Crops:			Accreditation Fee
1	Click or tag	here to enter i	name of crop	\$2000 per site location
2				\$250 for each additional crop
3				
4				
5				
6				
			TOTAL FEES	Total Fees for Option 2
.ABC	DRATORY	PROVIDING D	DIAGNOSTIC SERVICES	
Labo	ratory Nam	ne Click or tap h	ere to enter text	
	act Person		Position	
Stree	et Address			
City		State	Zip Code	
Teler	ohone	Fax	Email Address	

## ACCREDITATION FEES WORKSHEET (CONTINUED) Site Name (State) Enter Site Name Here Site # List of Crops: **Accreditation Fee** Click or tap here to enter name of crop \$2000 per site location \$250 for each additional crop 2 3 4 5 6 7 8 9 10 Site # Site Name (State) Enter Site Name Here List of Crops: Accreditation Fee \$2000 per site location Click or tap here to enter name of crop 1 2 \$250 for each additional crop 3 4 5 6 7 8 9 10

## ACCREDITATION FEES WORKSHEET (CONTINUED) Site Name (State) Enter Site Name Here Site # List of Crops: **Accreditation Fee** Click or tap here to enter name of crop \$2000 per site location \$250 for each additional crop 2 3 4 5 6 7 8 9 10 Site # Site Name (State) Enter Site Name Here List of Crops: Accreditation Fee \$2000 per site location 1 Click or tap here to enter name of crop 2 \$250 for each additional crop 3 4 5 6 7 8 9 10

## ACCREDITATION FEES WORKSHEET (CONTINUED) Site Name (State) Enter Site Name Here Site # List of Crops: **Accreditation Fee** Click or tap here to enter name of crop \$2000 per site location \$250 for each additional crop 2 3 4 5 6 7 8 9 10 Site # Site Name (State) Enter Site Name Here List of Crops: Accreditation Fee \$2000 per site location Click or tap here to enter name of crop 1 2 \$250 for each additional crop 3 4 5 6 7 8 9 10

## ACCREDITATION FEES WORKSHEET (CONTINUED) Site Name (State) Enter Site Name Here Site # List of Crops: **Accreditation Fee** Click or tap here to enter name of crop \$2000 per site location \$250 for each additional crop 2 3 4 5 6 7 8 9 10 Site # Site Name (State) Enter Site Name Here List of Crops: Accreditation Fee \$2000 per site location Click or tap here to enter name of crop 1 2 \$250 for each additional crop 3 4 5 6 7 8 9 10

# 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#
		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#
		TOTAL FEES	\$1000 Flat Fee

#### LABORATORY PROVIDING DIAGNOSTIC SERVICES

Laboratory Name	Name Click or tap here to enter text			
Contact Person		Position		
Street Address				
City	State	Zip Code		
Telephone	Fax	Email Address		

## **APPLICATION SUBMISSION CHECKLIST**

STEP 1							
☐ Submit a non-re	fundable <b>\$400</b> deposit check	c payable to USDA					
☐ Sign and Submit	$\square$ 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-re	fundable <b>\$600</b> deposit check	payable to Iowa State University					
☐ Submit a copy o	f your Quality Manual						
	f all completed Accreditation	Application forms to:					
Kelly Iverson	, , , , , , , , , , , , , , , , , , , ,	The state of the s					
NSHS Administrat	ive Unit	Tele: 515.294.6493					
183C Seed Science Iowa State Univer 2115 Osborn Driv Ames, IA 50011	rsity	Fax: 515.294.2014 Email: kiverson@iastate.edu Website URL: seedhealth.org					
	r instructions on the accredi	APHIS, you will be contacted by th itation process and billing for the t					
☐ OPTION 1	Total fees from Accr	editation OPTION 1: Page 7	\$ Total or N/A				
☐ OPTION 2	Total fees from Accr	editation OPTION 2: Page 8	\$ Total or N/A				
☐ OPTION 3	Total fees from Accr	editation OPTION 3: Page 13	\$ Total or N/A				
☐ OPTION 4	Total fees from Accr	editation OPTION 4: Page 14	\$ Total of N/A				
		TOTAL FEES	\$ Total Fees				
** If requesting t	ests from both OPTION 1	& OPTION 2: Subtract \$1000	**Subtract \$1000				
		ADJUSTED TOTAL	\$ Adjusted Total Fees				
STEP 4							
$\square$ Company or Org	anization Authorized Signatu	ıre					
SIGNATURE:							
Legal Name:	Т	Title:	Date:				