

Application Request for the Use of the Accredited Laboratory Combined ILAC MRA Mark

	Lab Code:
Laboratory Name:	
Location Address:	

As the laboratory's Authorized Representative, we agree to comply with the requirements outlined in NIST Handbook 150, Annex E, *Use of the Accredited Laboratory Combined ILAC MRA Mark*, regarding the use of the ILAC MRA Mark in combination with the NVLAP symbol for reference of the accredited activities covered by the scope of our accreditation. We understand that our laboratory can only use the combined mark once written formal approval has been issued by NVLAP.

Attached, we have included copies of our policy and procedure for controlling use of the combined Mark for your review.

Signature _____ Date _____

Printed Name _____

(Please note the official artwork for the combined mark will be provided to your laboratory upon receipt and processing of this application request. Example use of the combined mark will be required prior to issuance of any written approval regarding use of the combined mark.)

Return Address:

Please return this completed form and supporting documentation by one of the following:

Mail: NVLAP
100 Bureau Drive, MS 2140
Gaithersburg, MD 20899-2140

Fax: 301-926-2884

Email: nvlap@nist.gov



For NVLAP use only:

Reviewed By/Date:	Artwork Sent Date:
Lab Example provided:	Approval letter Issued: