Thank you for your interest in the AGA Certified Gemological Laboratory Program. We are confident that the prestige associated with this designation is well worth the application steps outlined in the following pages.

The AGA Code of Ethics is an integral part of this program and we encourage you to read these before proceeding with the application process.

The Code of Ethics, along with the Constitution, By Laws, and related Appendix, can be found at the AGA website:

www.accreditedgemologists.org
(toward the bottom of the home page)

Certification Status may be awarded to an active, Voting AGA Member. It is not issued in the name of a company & is not transferable. Every reasonable effort is made to ensure that AGA Certified Gemological Laboratories conform to the highest standards of independent professional practice in gem science & technology. Laboratory standards are reviewed annually. Certification criteria are subject to revision at that time. Status as an AGA Certified Gemological Laboratory is limited to a five year period and may be renewed by recertification.

Once approved, you will be billed annually for the Certified Gemological Laboratory Program.

For questions, please call Carole Richbourg- 408-219-1175 - Email: carole@finejewelryappraiser.com
Have you included the following?

☐ Completed Application – IMPORTANT: Please retain a copy for your files. You will need to refer to it in the renewal process

☐ Completed & Notarized Applicant’s Affidavit

☐ Documentation of Farnsworth/Munsell Color Vision Test Results

☐ Photocopy of Master Diamond Report

☐ Professional Profile

☐ Photographs of Laboratory Equipment

☐ Application Fee - $50.00

☐ This Checklist

☐ Don’t forget to request the three Professional References

AGA Office Use Only

Professional References:
Name: Date Received:

__________________________________________

__________________________________________

__________________________________________

Missing Items, if any:
Date Notified: Date Received:

__________________________________________

__________________________________________

__________________________________________

Comments:

__________________________________________

__________________________________________

__________________________________________

First Date of Renewal: _______________________

Approval Source ___________________________ Date _________________

CGL-Application Checklist (2015b)
Certified Gemological Laboratory
Application

Please complete every section of this form. OPTIONAL items are noted.
Retain a copy for your files as you will need to refer to it during future renewals.
The last page is the Applicant’s Affidavit on which you must have your signature notarized.

Once completed, please mail application and all related materials to:
AGA Certified Gem Lab Program
3315 Juanita Street
San Diego, CA 92105

Applicant Contact Information
Member Name: ___________________________ Email ___________________
Name of Laboratory ___________________________ Website ___________________
Laboratory Street Address ___________________________
City ___________________________ State __________________ Zip ___________
Phone ___________________________ FAX ___________________________

Gemological Designations
_____ Graduate Gemologist - Year ______
_____ Fellow, Gemmological Association of Great Britain - Year _____
_____ Other (please specify) ____________________________________________

Farnsworth/Munsell Color Vision Test
Date tested _______________, Testing Organization ___________________________

Enclose Documentation

Have you ever been involved in any litigation related to gem or jewelry activities?
○ Yes ○ No  
If so, please attach explanation

Professional Profile
Include Education, Memberships, Work Experience, Conferences & Trade Shows (last 2 years only), and Lectures given including topics of the lectures (last 2 years only)
Laboratory Employees

List the names of all employees currently working in the Laboratory; include their designations and their status as AGA members.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Active AGA member?</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Yes</td>
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<td>No</td>
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</tbody>
</table>

Letters of Reference

The application process requires letters of reference from three professional colleagues. Certification cannot be completed until all letters of reference are returned to AGA.

To expedite this process, we have included 3 form letters for you to mail. If you wish to include return envelopes with the letters you send out, please address them to...

AGA Certified Gem Lab Program
3315 Juanita Street
San Diego, CA 92105

Application Fee - $50.00

Please include this non-refundable administrative fee with your application.

List of Required Equipment

The following pages are for listing equipment in your laboratory.

Enclose photos of your equipment.

Snapshots are acceptable.

If you wish to submit digital photos, you may include a CD.

Other Information (OPTIONAL)

_________________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________________
List of Required Equipment

The equipment listed below is mandatory unless otherwise noted. If a portable laboratory unit is used, please note item 20 before beginning. Additional equipment may be listed at the end of this section.

1. Binocular Microscope, minimum 45 power magnification, bright field & dark field illumination, zoom capability

   Manufacturer/Distributor ________________________________ Model ______________________

   Magnification: Zoom range _________ X to ___________ X

   Overhead Illumination
   - ☐ Fluorescent
   - ☐ LED
   - ☐ Incandescent
   - ☐ Other ________________________________

   Attachments
   - ☐ Immersion Cell
   - ☐ Polarizing Filters (OPTIONAL)
   - ☐ Diffuser Plate
   - ☐ Doubler (OPTIONAL)

   Extra Oculars (OPTIONAL)
   Magnification _______________ X Wide Field _______________ X

2. Diamond Color Grading Light Source

   Manufacturer/Distributor ________________________________ Model ______________________

3. Master Diamond Set – You must have a minimum of 5 stones.

   GIA, AGS or GCAL Report Number __________ Enclose photocopy of report

<table>
<thead>
<tr>
<th>Stone</th>
<th>Color Grade</th>
<th>Weight - ct</th>
<th>Measurements – mm</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<td>6 (OPTIONAL)</td>
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<td>7 (OPTIONAL)</td>
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<td>8 (OPTIONAL)</td>
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<td>9 (OPTIONAL)</td>
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<tr>
<td>10 (OPTIONAL)</td>
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</tbody>
</table>

IMPORTANT: Enclose photocopy of report
4. Scales
   Diamond Scale - accurate to .005 ct. or .001 gram
   Manufacturer/Distributor ________________________________ Model _______________________
   Capacity _____________________ Tolerance ________________________________

   Pennyweight or Gram Scale - accurate to .10 dwt or .1 gram
   Manufacturer/Distributor ________________________________ Model _______________________
   Capacity _____________________ Tolerance ________________________________

5. Millimeter Measuring Device – accurate to .1 mm minimum with high setting attachment
   Manufacturer/Distributor ________________________________ Model _______________________
   ☐ .01 mm accuracy ☐ .001 mm accuracy

6. Certified Gauge Blocks (two required)
   1. Manufacturer/Distributor ______________________________ Size _____________________ mm
   2. Manufacturer/Distributor ______________________________ Size _____________________ mm

7. Ultraviolet Light Source – must have longwave and shortwave capability
   Manufacturer/Distributor ______________________________ Model _______________________

8. Type IIa Screening Equipment:

9. Diamond Thermal Tester
   Manufacturer/Distributor ______________________________ Model _______________________

10. Colored Stone Color Grading System
    Any gemological color communication system which has been adequately correlated to the
    GIA system (Munsell coordinates) – Currently accepted are:
    ☐ ColorMaster (GIA)
    ☐ ColorScan (AGL) – List sets: ______________________ _________________________________
    ☐ Gem Dialogue
    ☐ GemSet (324 acrylic color samples)
    ☐ Gem eSquare
    ☐ World of Color
    Enclose documentation of Master Stones

11. Refractometer with polarizing filter
    Manufacturer/Distributor ______________________________ Model _______________________
    ☐ RI Limits 1.30-1.80 ☐ RI Liquid 1.81
12. Polariscope with optic condensing sphere
   Manufacturer/Distributor ________________________________ Model _______________________

13. Spectroscope
   Manufacturer/Distributor ________________________________ Model _______________________

14. Your Equipment or Method of Determining Specific Gravity
   ______________________________________________________________________________________
   ______________________________________________________________________________________

15. Fiber-Optic Light Source
   Manufacturer/Distributor ________________________________ Model _______________________

16. Monochromatic Light Source or filter
   Manufacturer/Distributor ________________________________ Model _______________________

17. Check each of the following to indicate ownership
   ☐ Chelsea Filter   ☐ Table Gauge   ☐ Hot Point Needle   ☐ Dichroscope

18. Precious Metal Capability
   Acid Test – Check to indicate testing acids (minimum requirements)
   ☐ 10k   ☐ 14k   ☐ 18k   ☐ 22k   ☐ silver   ☐ platinum
   Check to indicate testing needles (minimum requirements)
   ☐ 10k   ☐ 14k   ☐ 18k   ☐ 22k   ☐ silver
   Electronic Tester (alternative)
   Manufacturer/Distributor ________________________________ Model _______________________
   Metals and karatage tested __________________________________________________________

19. Photographic Equipment – Both macro (full scale) and micro required
   Macro – Describe full system, including lighting, camera body, lenses, etc.
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   Micro – Describe full system (if different)
   ______________________________________________________________________________________
   ______________________________________________________________________________________
20. **Other Master Grading Systems (OPTIONAL)**

Please describe for research purposes

Pearls
________________________________________________________________________
________________________________________________________________________

Jade
________________________________________________________________________
________________________________________________________________________

Opal
________________________________________________________________________
________________________________________________________________________

Other
________________________________________________________________________
________________________________________________________________________

21. **Portable Laboratory**

If other requirements are met using a portable laboratory, indicate here the pertinent information. Reference this item number (21) throughout, where applicable

Manufacturer/Distributor ________________________________ Model _______________________

22. **Radiation Monitor (OPTIONAL but strongly suggested)**

Manufacturer/Distributor ________________________________ Model _______________________

23. **Enclose photos of your equipment.**

If you submit digital photos, you may include a flash drive. Alternatively you may combine photos into one pdf or similar document.

24. **Other Equipment**

Please describe other equipment you consider to be significant to your laboratory.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

25. **Reference & Research Works**

Please recommend reference & research works you consider indispensable to your gemological library.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
I do hereby attest that I, ____________________________, own the equipment described in this application, that such equipment is in acceptable working condition, and that such equipment is physically on the premises for which the AGA Certified Gemological Laboratory certificate is to be issued. I further authorize inspection visits to my premises by designated AGA Gemological Laboratory Committee personnel, such inspections to be conducted at 24 hour notice.

I acknowledge that my AGA Certified Gemological Laboratory status may be revoked by the AGA Gemological Laboratory Program Committee if my laboratory and gemological practice is not conducted within the Code of Ethics and resolutions of AGA, including the scope of this sworn application, and hereby acknowledge receipt of the same. I understand that if a complaint of violation is filed with AGA, I will be advised of such by certified letter, and it is my responsibility as a Member of AGA and as an AGA Certified Gemological Laboratory to respond promptly to any such complaint. Continuing violation of AGA ethics and resolutions will result in a withdrawal of certification, without return of any member or application fees; return of all AGA Certified Gemological Laboratory support materials to AGA will be mandatory. I agree to these terms of revocation.

Once certified, I understand that I have the right and privilege to advertise the AGA Certified Gemological Laboratory designation and to use all available support materials. My eligibility for this designation is limited to a two year period, from date of certification by AGA and the AGA Gemological Laboratory Program Committee, and may be renewed by recertification. In the event that I do not reapply, or am not recertified, I agree to return all AGA Certified Gemological Laboratory materials to AGA at the address above, and to desist in the use of this designation for any purposes from that time forward.

I do so affirm and attest this ____________ day of __________________, 20____, in the County of ___________________________, and State of ____________________________.

____________________________________
Applicant’s Signature

____________________________________
Notary Public

My commission expires: ____________________________
Certified Gemological Laboratory Program

Date: __________________

To: _____________________________

________________________________________________________________________

Dear ____________________________:

You have been given as a professional reference by ____________________________
on an application for AGA’s Certified Gemological Laboratory credential. The purpose of the AGA’s
Certified Gemological Laboratory designation is to acknowledge those working gem laboratories which
uphold high ethical standards and have exceptional day-to-day competence in the technical aspects of
gemology.

I appreciate your taking a moment to consider this person’s professional reputation. If you would return
this letter, along with your candid comments regarding his/her application to our program, it will
expedite the certification process.

Regards,

Carole Richbourg
AGA Certified Gemological Laboratory Committee

Is this a person of good character? ____________________________________________

Related Comments: __________________________________________________________

Number of years you have known this person ____________________________

Have you worked with this person in a business capacity? ______________________

Related Comments: __________________________________________________________

Is this person presently engaged in the field of gemology? _________________________

Is this person financially responsible? _________________________________________

Do you know of any reason why this person should not carry the AGA designation for Certified
Gemological Laboratory? _______________________________________________________

Telephone where you can be reached ___________________________________________

Additional Comments (Please feel free to use back of this page or attach additional pages.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________  _________________  
Signature  Date

Please return this letter to: AGA - CGL Program
Thank you! 3315 Juanita Street
          San Diego, CA 92105
You may also scan and email it to Jan@accreditedgemologists.org
Certified Gemological Laboratory Program

Date:

To: ________________________________

_________________________________

_________________________________

Dear ______________________________

You have been given as a professional reference by ____________________

on an application for AGA’s Certified Gemological Laboratory credential. The purpose of the AGA’s

certified Gemological Laboratory designation is to acknowledge those working gem laboratories which

uphold high ethical standards and have exceptional day-to-day competence in the technical aspects of

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this letter, along with your candid comments regarding his/her application to our program, it will

expedite the certification process.

Regards,

Carole Richbourg
AGA Certified Gemological Laboratory Committee

Is this a person of good character? ________________________________

Related Comments: ____________________________________________

Number of years you have known this person ___________________________

Have you worked with this person in a business capacity? _________________________

Related Comments: ____________________________________________

Is this person presently engaged in the field of appraising? _________________________

Is this person financially responsible? ________________________________

Do you know of any reason why this person should not carry the AGA designation for Certified

Gemological Laboratory? __________________________________________

Telephone where you can be reached ________________________________

Additional Comments (Please feel free to use back of this page or attach additional pages.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature ___________________________________ Date ______________

Please return this letter to: AGA - CGL Program
Thank you!

3315 Juanita Street
San Diego, CA 92105

You may also scan and email it to Jan@accreditedgemologists.org

CGL-Reference Letter (2018)
Certified Gemological Laboratory Program

To: ____________________________

______________________________

______________________________

Dear ____________________________:

You have been given as a professional reference by ____________________________
on an application for AGA’s Certified Gemological Laboratory credential. The purpose of the AGA’s
Certified Gemological Laboratory designation is to acknowledge those working gem laboratories which
uphold high ethical standards and have exceptional day-to-day competence in the technical aspects of
gemology.

I appreciate your taking a moment to consider this person’s professional reputation. If you would return
this letter, along with your candid comments regarding his/her application to our program, it will
expedite the certification process.

Regards,

Carole Richbourg
AGA Certified Gemological Laboratory Committee

Is this a person of good character? ____________________________

Related Comments: ____________________________

Number of years you have known this person ____________________________

Have you worked with this person in a business capacity? ____________________________

Related Comments: ____________________________

Is this person presently engaged in the field of appraising? ____________________________

Is this person financially responsible? ____________________________

Do you know of any reason why this person should not carry the AGA designation for Certified
Gemological Laboratory? ____________________________

Telephone where you can be reached ____________________________

Additional Comments (Please feel free to use back of this page or attach additional pages.)

________________________________

________________________________

________________________________

________________________________

________________________________

________________________________

Signature ____________________________ Date ____________________________

Please return this letter to: AGA - CGL Program

Thank you!

3315 Juanita Street
San Diego, CA 92105

You may also scan and email it to Jan@accreditedgemologists.org