

# Environmental Laboratory Application for Approval

**INSTRUCTIONS:** See separate instruction sheet.  
 Please complete all sections of form, attach requested documents, and mail to the above address.

*For office use only*

LAB ID: \_\_\_\_\_

TYPE: G \_\_\_\_ I \_\_\_\_ C \_\_\_\_

## Section A: General Information

Laboratory Name: \_\_\_\_\_

US EPA LAB CODE \_\_\_\_\_

PRIMARY ACCREDITING AUTHORITY (if other than New York)  
 \_\_\_\_\_

Federal Employer ID No. \_\_\_\_\_ - \_\_\_\_\_

## OWNER TYPE

- |                                    |  |   |
|------------------------------------|--|---|
| <input type="checkbox"/> Municipal | <input type="checkbox"/> Private                     | <input type="checkbox"/> Publicly Owned Corporation |
| <input type="checkbox"/> County    | <input type="checkbox"/> Partnership                 | <input type="checkbox"/> Public Benefit Corporation |
| <input type="checkbox"/> State     | <input type="checkbox"/> Chapter S Corporation       | <input type="checkbox"/> Governmental Corporation   |
| <input type="checkbox"/> Federal   | <input type="checkbox"/> Privately Owned Corporation |   |

Lab telephone number (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Lab FAX number (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Lab e-mail address \_\_\_\_\_

- Quality Manual enclosed (*New applications only*)       Fee enclosed (*New applications only*)

VIN Number (Mobile laboratories only) \_\_\_\_\_

## HOURS OF OPERATION - Please indicate days in operation and enter business hours.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
From:							
To:							

**Laboratory Location Address**

Number & Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ - \_\_\_\_\_  
NYS County \_\_\_\_\_ Country \_\_\_\_\_

**Mailing Address** if different from laboratory location

Number & Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ - \_\_\_\_\_  
NYS County \_\_\_\_\_ Country \_\_\_\_\_

**Billing Address** if different from laboratory location

Number & Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ - \_\_\_\_\_  
NYS County \_\_\_\_\_ Country \_\_\_\_\_

Please provide name of Accounts (Payable) Manager \_\_\_\_\_

**Owner Information**

Owner's Name: \_\_\_\_\_  
Number & Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ - \_\_\_\_\_  
NYS County \_\_\_\_\_ Country \_\_\_\_\_

Are there additional owners of 10% or more? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide a list of all additional owners on a separate sheet and attach it to this application.

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**LABORATORY CLASSIFICATION** (Check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> Water Treatment Facility      | <input type="checkbox"/> Hospital or Health Care Facility |
| <input type="checkbox"/> Sewage Treatment Facility     | <input type="checkbox"/> Mobile Laboratory                |
| <input type="checkbox"/> Industrial Waste Treatment    | <input type="checkbox"/> Academic Laboratory              |
| <input type="checkbox"/> Commercial or fee for service | <input type="checkbox"/> Other (describe) _____           |

**Section B: Laboratory Personnel**

Attach additional copies of pages 3 and 4 as necessary for each person designated.

1. PERSONNEL APPROVAL (Check approval requested.)

- |   |                                      |                               |                              |
|---|--------------------------------------|-------------------------------|------------------------------|
| <input type="checkbox"/> Lead Technical Director (if applicable)    | Title                                | <input type="checkbox"/> M.D. | <input type="checkbox"/> Mr. |
| <input type="checkbox"/> Technical Director(s)                      | <input type="checkbox"/> Ph.D.       | <input type="checkbox"/> Ms.  |                              |
| <input type="checkbox"/> Quality Assurance (QA) Officer or Designee | <input type="checkbox"/> Other _____ |                               |                              |
| <input type="checkbox"/> Analysts (Critical Agents only)            |                                      |                               |                              |

Name \_\_\_\_\_

Business phone(s) (\_\_\_\_) \_\_\_\_\_ --- \_\_\_\_\_

Hours On-Site - Please indicate days on-site and enter work hours.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
From:							
To:							

2. Competencies held by Lead Technical Director/Technical Director/Critical Agents analyst/QA Officer (Check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> 4 years of college & 16 credits in Biology including Microbiology | <input type="checkbox"/> Radon course or training                                 |
| <input type="checkbox"/> Drinking Water Treatment Plant Operator license                   | <input type="checkbox"/> Asbestos (PLM and/or PCM) – McCrone course or equivalent |
| <input type="checkbox"/> 4 years of college & 24 credits in Chemistry                      | <input type="checkbox"/> Fibers (PCM) – NIOSH 582 course or equivalent            |
| <input type="checkbox"/> 2 years of college & 16 credits in Chemistry                      | <input type="checkbox"/> High School Graduate                                     |
| <input type="checkbox"/> Sewage Treatment Plant Operator license                           | <input type="checkbox"/> Asbestos (TEM) – College or manufacturer’s course        |
| <input type="checkbox"/> Industrial Plant Treatment Operator license                       | <input type="checkbox"/> Microbiology Critical Agents                             |
| <input type="checkbox"/> Microbiology – 2 years of college & 4 credits in Microbiology     | <input type="checkbox"/> Microbiology Critical Agents Analyst                     |
| <input type="checkbox"/> Radiochemistry – 4 years of college with appropriate courses      | <input type="checkbox"/> College degree   |
|  | <input type="checkbox"/> QA/QC Documented Training/Experience                     |

3. LABORATORY CONTACT PERSON

Name \_\_\_\_\_

Business phone(s) (\_\_\_\_) \_\_\_\_\_ --- \_\_\_\_\_

4. HPN CONTACT PERSON

Name \_\_\_\_\_

Phone # \_\_\_\_\_

e-mail Address \_\_\_\_\_

Month/Day of Birth \_\_\_\_\_ / \_\_\_\_\_

Complete this page for each individual with credential requirements.

5. EDUCATION Attach appropriate degree, diploma, certificate and transcript of grades.									
Name and address of institution	Attended				Major	Total semester credit hours			Degree, diploma or certificate (include month and year conferred)
	From		To			Chemistry	Microbiology	Biology	
	Mo	Yr	Mo	Yr					

6a. OPERATOR'S CERTIFICATE (Check appropriate plant type) and Attach copy of Operator's Certificate.

- Sewage Treatment Plant
- Water Treatment Plant

6b. Clinical laboratory  
Indicate PFI #. \_\_\_\_\_

7. ENVIRONMENTAL LABORATORY EXPERIENCE					Indicate experience in number of months.										
Name and address of laboratory or institution.  List current employment first. Any gaps in employment will be assumed to be non-environmental laboratory work periods.	Period employed				Position(s) held	Quality Assurance	Inorganic	Organic	Microbiology	Biology	Radiochemistry	Microscopy			Radon in Air
	From		To									PCM	PLM	TEM	
	Mo	Yr	Mo	Yr											

I certify that the information provided in this document is complete, true, and correct, and that providing false information is a basis for revocation of the laboratory's Certificate of Approval. I further understand that offering a false instrument is a crime under the New York State Penal Law.

Printed name \_\_\_\_\_

Signature \_\_\_\_\_

Month,Day,Year \_\_\_\_\_

# Environmental Laboratory Application for Approval

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## Certification of Compliance

Has any corporate shareholder or technical director ever had charges of administrative violations of local, state or federal laws, rules and regulations sustained against himself/herself?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide details on a separate sheet and attach to this form.

Has any corporate shareholder or technical director ever been convicted of any crime or offense related to the furnishing of or billing for environmental laboratory services or environmental remediation services or sample collection related thereto, which is considered an offense involving theft, fraud, or offering a false instrument?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide details on a separate sheet and attach to this form.

The undersigned understand and acknowledge that the laboratory is required to be continually in compliance with the New York State Environmental Laboratory Approval Program (ELAP) standards and is subject to the penalty provisions of the Program. I understand that under Section 55-2.6 of 10 NYCRR, a Certificate of Approval may be revoked, suspended or denied if any fact is misrepresented in this application. Changes in any of the information in this application must be reported to the Environmental Laboratory Approval Program (ELAP) immediately. I also understand that additional penalties may apply if I misrepresent, conceal, or fail to disclose facts or information regarding initial or continuing eligibility for a Certificate of Approval, including conviction of any crime related to the provision of or billing for laboratory services, omission or misrepresentation of material facts related to the operation of an environmental laboratory or the concealment of ownership or controlling interest. I further understand that offering a false instrument constitutes a crime under the Penal Law of the State of New York.

It is certified that: the laboratory will operate in accordance with Section 502 of the Public Health Law; the owner or technical director will monitor and document the use of approved methods; records will be maintained as prescribed in the ELAP Quality Systems Standard; and the owner or technical director will notify ELAP if the laboratory is found to be in violation of any federal, state, or local law by the federal, state or local agency enforcing that law; laboratory staff will permit authorized department employees to conduct announced or unannounced on-site assessments and investigations, and will allow copies of any laboratory records to be taken by authorized department employees; the laboratory management will notify any other states in which the laboratory is accredited if the laboratory's New York ELAP accreditation is revoked or suspended in whole or in part; the laboratory management will similarly notify the New York ELAP if the laboratory's accreditation is revoked or suspended in whole or in part by any other state accrediting authority.

Under the New York State Workers Compensation Law, businesses applying for permits or licenses issued by the State must hold worker's compensation and disability benefits coverage or document their qualifying for an exception. Information regarding this requirement and the process for submitting proof of enrollment can be found in the *New York State Workers Compensation Board Employers Handbook – A Guide to the Worker's Compensation System for the New York State Business Owner*, available at [http://www.wcb.state.ny.us/content/main/Small\\_Business/employer\\_handbook.pdf](http://www.wcb.state.ny.us/content/main/Small_Business/employer_handbook.pdf).

By signing as owner I hereby certify that I am the owner of the laboratory named in this application or I am authorized to sign this application on behalf of the applicant/owner and that there are no misrepresentations in my answers to the questions on this application.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Name of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature-Lead Technical Director

\_\_\_\_\_  
Name of Lead Technical Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Quality Assurance Officer or  
other designated responsible official

\_\_\_\_\_  
Name of Quality Assurance Officer or  
other designated responsible official

\_\_\_\_\_  
Date