

# Environmental Laboratory Application for Approval

**INSTRUCTIONS:** Please refer to separate instruction forms.  
 Complete all applicable sections of form, attach requested  
 documents, and mail, fax [(518) 485-5568], or email  
 ([ELAP@health.state.ny.us](mailto:ELAP@health.state.ny.us)) the document.

*For office use only*

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

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

## Section A: General Information

LABORATORY NAME \_\_\_\_\_

US EPA LAB CODE \_\_\_\_\_ (Applies only to labs testing PW and/or NW samples.)

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

FEDERAL EMPLOYER ID \_\_\_\_\_

Is the application request for NYS work (i.e, will analysis be performed on NYS samples)? (New applications only)      Y      N

## OWNER TYPE

Municipal  
 County  
 State  
 Federal

Private  
 Partnership  
 Chapter S Corporation  
 Privately Owned Corporation

Publicly Owned Corporation  
 Public Benefit Corporation  
 Governmental Corporation

Lab telephone number \_\_\_\_\_

Lab FAX number \_\_\_\_\_

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

Quality Manual 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 only those that are applicable.)

Water Treatment Facility  
Sewage Treatment Facility  
Industrial Waste Treatment  
Commercial or fee for service

Hospital or Health Care Facility  
Mobile Laboratory  
Academic Laboratory  
Other (describe) \_\_\_\_\_

**Section B: Laboratory Personnel**

Attach copies of pages 3 and 4 as necessary for each person designated to a specific role listed below.

1. PERSONNEL APPROVAL (Check approval requested.)

- |   |   |
|---|---|
| <input type="checkbox"/> Lead Technical Director            | Title (Select only one.)                                    |
| <input type="checkbox"/> Technical Director (if applicable) | <input type="checkbox"/> Ph.D. <input type="checkbox"/> Ms. |
| <input type="checkbox"/> Quality Assurance (QA) Officer     | <input type="checkbox"/> M.D. <input type="checkbox"/> Mr.  |
| <input type="checkbox"/> Critical Agents Analyst            | <input type="checkbox"/> Other _____                        |
| <input type="checkbox"/> ADS Operator                       |   |

Name \_\_\_\_\_

Phone No. \_\_\_\_\_ Extension No. \_\_\_\_\_

Hours On-Site - Indicate work hours.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
From:							
To:							

2. COMPETENCE held by Personnel listed in Section B.1. (Check the one(s) that is(are) most applicable.)

- |  |  |
|--|--|
| <input type="checkbox"/> 2 yrs College + 16 Credits Chemistry                | <input type="checkbox"/> QA/QC Documented Training/Experience                |
| <input type="checkbox"/> 4 yrs College + 24 Credits Chemistry                | <input type="checkbox"/> Radiochem – 4 yrs College + 24 Credits Chemistry    |
| <input type="checkbox"/> 4 yrs College + 16 Credits Biology includes Micro   | <input type="checkbox"/> Radon – 2 yrs College                               |
| <input type="checkbox"/> Industrial Treatment Plant Operator                 | <input type="checkbox"/> Radon (CRM) – H.S. Diploma + Specialized Course     |
| <input type="checkbox"/> Microbiology Critical Agents Analyst                | <input type="checkbox"/> Sewage Treatment Plant Operator License             |
| <input type="checkbox"/> 2 yrs College + 4 Credits in Microbiology           | <input type="checkbox"/> Asbestos (TEM) – 4 yrs College + Specialized Course |
| <input type="checkbox"/> Asbestos (PLM) – 2 yrs College + Specialized Course | <input type="checkbox"/> Drinking Water Treatment Plant Operator License     |
| <input type="checkbox"/> Fibers (PCM) – 2 yrs College + Specialized Course   | <input type="checkbox"/> ADS Documented Training/Experience                  |

3. LABORATORY CONTACT PERSON

Name \_\_\_\_\_

Phone No. \_\_\_\_\_ Extension No. \_\_\_\_\_

4. HEALTH PROVIDER NETWORK (HPN) CONTACT PERSON

Name \_\_\_\_\_

Phone No. \_\_\_\_\_ Extension No. \_\_\_\_\_

Email Address \_\_\_\_\_ Month/Day of Birth \_\_\_\_ / \_\_\_\_

Complete this page for each individual with credential requirements.

5. EDUCATION							
Attach appropriate degree, diploma, certificate, and/or transcript of grades to application.							
Name and location (City, State, and Country) of institution.	Period Attended		Major	Total semester credit hours			Degree, diploma or certificate awarded  Mo/Yr Awarded
	From Mo/Yr	To Mo/Yr		Chemistry	Microbiology	Biology	

6a. OPERATOR'S CERTIFICATE

Attach copy of Operator's Certificate to application.

- Sewage Treatment Plant
- Drinking Water Treatment Plant
- ADS Operator

6b. CLINICAL LABORATORY (if applicable)

Indicate PFI No. \_\_\_\_\_

7. ENVIRONMENTAL LABORATORY EXPERIENCE			Indicate experience in number of months.											
Name and location (City, State, and Country) of laboratory and/or institution. Any gaps in employment will be assumed to be non-environmental laboratory work periods.	Period Employed		Position(s) held	PCM	PLM	TEM	Quality Assurance	Inorganic Chemistry	Organic Chemistry	Radiochemistry	Radon in Air	Microbiology	Critical Agents	ADS
	From Mo/Yr	To 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.

Applicant's Printed Name \_\_\_\_\_ Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

# 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 in continual compliance with New York State's 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, including failure to notify ELAP regarding changes of ownership. Changes in any of the information in this application must be reported to 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; and the laboratory management will similarly notify 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 below 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 and that there are no misrepresentations in my answers to the questions on this application. By signing as the owner representative, I attest that I am authorized to sign on behalf of the owner named in this application.

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

\_\_\_\_\_  
Name of Owner (printed)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Name / Title of Owner Representative (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Lead Technical Director

\_\_\_\_\_  
Name of Lead Technical Director (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Quality Assurance Officer

\_\_\_\_\_  
Name of Quality Assurance Officer (printed)

\_\_\_\_\_  
Date