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

For office use only
LAB ID: ___________________
Section C: ADDITIONAL INFORMATION

ADS Model Number or Instrument ID: ____________________________________________________

Please attach the following documentation for review.

___ Quality Manual, which includes or references the following:

___ Standard Operating Procedure Manual

___ Response Plan

___ Data Validation Package

___ An Example of a Report (verbal or written)

For ADS manufacturers, is your company “Safety Act Certified” by the Department of Homeland Security? *NOTE: This question is for informational purposes only. This certification is not used as an acceptance criteria.*

___ YES ___ NO

If your answer is YES, please attach the “Letter of Designation” awarded by the Department of Homeland Security.

Section D: ATTESTATION

Please make sure that your laboratory has completed and affixed the general “Application for Approval” to this application. The attestation is referred to as the “Certification of Compliance” in the general application.