Section A: General Information

LABORATORY NAME

OTHER ACCREDITING AUTHORITY (if other than New York)

NYS DOH ELAP ID, if applicable

FEDERAL EMPLOYER ID

NYS DOH BNE LICENSE NUMBER (if applicable, but not required)

OWNER TYPE

Municipal ___ County ___ State ___ Federal ___ Private ___ Partnership ___ Chapter S Corporation ___ Privately Owned Corporation ___ Publicly Owned Corporation ___ Public Benefit Corporation ___ Governmental Corporation ___ Other; Please specify:

Lab telephone number (____) _______ -- _____________

Lab FAX number (____) _______ -- _____________

Lab e-mail address

Quality Manual enclosed (New applications only)

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

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<th>Tues</th>
<th>Wed</th>
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<td>To:</td>
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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.

LABORATORY CLASSIFICATION (Check only those that are applicable.)

___ Hospital or Health Care Facility  ___  Academic Laboratory
___ Commercial or fee for service  ___  Other; Please describe:

__________________________________________________________
Section B: Laboratory Personnel
Attach copies of pages 3 and 4 as necessary for each person designated to a specific role listed below. Please specify the area you will be directing next to lead technical director or technical director (e.g. Micro, Potency)

1. PERSONNEL APPROVAL (Check approval requested.)

☐ Lead Technical Director _________________________ Title (Select only one.)
☐ Technical Director (if applicable) ________________
☐ Quality Assurance (QA) Officer

☐ Ph.D.   ☐ Ms.
☐ M.D.    ☐ Mr.
☐ Other _______

Name __________________________________________

Phone No. (____) _____ --- ________ Extension No. ________

Hours On-Site - Indicate work hours.

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

☐ 4 yrs College + 24 Credits Chemistry
☐ 4 yrs College + 16 Credits Biology includes Micro
☐ QA/QC 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 _____ / ________

Note: This person will have access to the secure DOH website application, where assessment reports are posted, the annual renewal application is completed, etc.
Complete this page for each individual with credential requirements.

### 5. EDUCATION

Attach appropriate degree, diploma, certificate, and/or transcript of grades to application.

<table>
<thead>
<tr>
<th>Name and location (City, State, and Country) of institution.</th>
<th>Period Attended</th>
<th>Major</th>
<th>Total semester credit hours</th>
<th>Degree, diploma or certificate awarded</th>
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<tbody>
<tr>
<td></td>
<td>From Mo/Yr</td>
<td>To Mo/Yr</td>
<td>Chemistry</td>
<td>Microbiology</td>
</tr>
</tbody>
</table>

|                                                            | From Mo/Yr     | To Mo/Yr |
|                                                            |               |          |

### 6. ENVIRONMENTAL LABORATORY EXPERIENCE

List most recent one first.

<table>
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<tr>
<th>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.</th>
<th>Period Employed</th>
<th>Position(s) held</th>
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<tbody>
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<td>From Mo/Yr</td>
<td>To Mo/Yr</td>
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<thead>
<tr>
<th>Quality Assurance</th>
<th>Inorganic Chemistry</th>
<th>Organic Chemistry</th>
<th>Microbiology</th>
</tr>
</thead>
</table>

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 _____________
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.

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: __________________________

or

Signature of Owner Representative: __________________________ Name / Title of Owner Representative (printed): __________________________ Date: __________________________

Signature of Lead Technical Director: __________________________ Name of Lead Technical Director (printed): __________________________ Date: __________________________