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) the document.

Section A: General Information

LABORATORY NAME ________________________________

US EPA LAB CODE ___________ (Applies to labs testing NW and/or PW 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 ___ Private ___ Publicly Owned Corporation

___ County ___ Partnership ___ Public Benefit Corporation

___ State ___ Chapter S Corporation ___ Governmental Corporation

___ Federal ___ Privately Owned Corporation ___ If Other, please specify.

Lab telephone number (____) ________ -- ____________

Lab FAX number (____) ________ -- ____________

Lab e-mail address ________________________________________

☐ Quality Manual enclosed (all new applications) and most recent Assessment Report and Response (new secondary applications only)

VIN Number (Mobile laboratories only) _____________________________________________

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

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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.)

___ Water Treatment Facility    ___ Hospital or Health Care Facility
___ Sewage Treatment Facility    ___ Mobile Laboratory
___ Industrial Waste Treatment    ___ Academic Laboratory
___ Commercial or fee for service    ___ 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. Please specify the area you will be directing next to the lead technical director or technical director.

1. PERSONNEL APPROVAL (Check approval requested.)

☐ Lead Technical Director  ☐ Technical Director (if applicable)  ☐ Quality Assurance (QA) Officer  ☐ Critical Agents Analyst  ☐ ADS Operator  ☐ 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.)

☐ 2 yrs College + 16 Credits Chemistry  ☐ QA/QC Documented Training/Experience
☐ 4 yrs College + 24 Credits Chemistry  ☐ Radiochem – 4 yrs College + 24 Credits Chemistry
☐ 4 yrs College + 16 Credits Biology includes Micro and/or WETT  ☐ Radon – 2 yrs College
☐ Industrial Treatment Plant Operator  ☐ Radon (CRM) – H.S. Diploma + Specialized Course
☐ Microbiology Critical Agents Analyst  ☐ Sewage Treatment Plant Operator License
☐ 2 yrs College + 4 Credits in Microbiology  ☐ Asbestos (TEM) – 4 yrs College + Specialized Course
☐ Asbestos (PLM) – 2 yrs College + Specialized Course  ☐ Drinking Water Treatment Plant Operator License
☐ Fibers (PCM) – 2 yrs College + Specialized Course  ☐ ADS Documented Training/Experience

3. LABORATORY CONTACT PERSON

Name ____________________________________________

Phone No. (____) _____ --- ______ Extension No. _______

4. HEALTH PROVIDER NETWORK (HPN) CONTACT PERSON - This person will have access to the secure DOH website application, where assessment reports, invoices and annual renewal application are posted.

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.

<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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<td>Chemistry</td>
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#### 6a. OPERATOR’S CERTIFICATE (if applicable)

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

List most recent one first and attach a resume to support it.

<table>
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<tr>
<th>Name and location (City, State, and Country) of laboratory and/or institution.</th>
<th>Period Employed</th>
<th>Position(s) held</th>
<th>PCM</th>
<th>PLM</th>
<th>TEM</th>
<th>Quality Assurance</th>
<th>Inorganic Chemistry</th>
<th>Organic Chemistry</th>
<th>Radiochemistry</th>
<th>Radon in Air</th>
<th>Microbiology</th>
<th>Critical Agents</th>
<th>WETT</th>
<th>ADS</th>
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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

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 at 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

Or

Signature of Owner Representative

Name / Title of Owner Representative (printed)

Date

Signature of Lead Technical Director

Name of Lead Technical Director (printed)

Date