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
- ___ County
- ___ State
- ___ Federal
- ___ Private
- ___ Partnership
- ___ Chapter S Corporation
- ___ Privately Owned Corporation
- ___ Publicly Owned Corporation
- ___ Public Benefit Corporation
- ___ Governmental 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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<thead>
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<th></th>
<th>Sun</th>
<th>Mon</th>
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<th>Wed</th>
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</table>
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

Name ____________________________ Email Address ____________________________
Required for Lead Technical Director HCS Access (Month/day of birth) ______ / _______

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
☐ 4 yrs College + 24 Credits Chemistry
☐ 4 yrs College + 16 Credits Biology includes Micro and/or WETT
☐ Industrial Treatment Plant Operator
☐ Microbiology Critical Agents Analyst
☐ 2 yrs College + 4 Credits in Microbiology
☐ Asbestos (PLM) – 2 yrs College + Specialized Course
☐ Fibers (PCM) – 2 yrs College + Specialized Course

☐ QA/QC Documented Training/Experience
☐ Radiochem – 4 yrs College + 24 Credits Chemistry
☐ Radon – 2 yrs College
☐ Radon (CRM) – H.S. Diploma + Specialized Course
☐ Sewage Treatment Plant Operator License
☐ Asbestos (TEM) – 4 yrs College + Specialized Course
☐ Drinking Water Treatment Plant Operator License
☐ 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.

<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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<tr>
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<td>From Mo/Yr</td>
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<td>Chemistry</td>
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<td>To Mo/Yr</td>
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<td>Microbiology</td>
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<td>Biology</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>
<thead>
<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>
</tr>
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<tr>
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<td>From Mo/Yr</td>
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<td>To Mo/Yr</td>
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</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 _____________
NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, Biggs Lab
Environmental Laboratory Approval Program
Empire State Plaza
Albany, NY 12237

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

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