

## ENVIRONMENTAL LABORATORY REGISTRATION APPLICATION

The Environmental Laboratory Accreditation Act of 2002 requires that all environmental laboratories that perform testing or analysis of environmental samples required by an environmental statute register with the Department of Environmental Protection. Completion and submission of this form along with the required **fifty dollar (\$50.00)** fee fulfills that requirement.

- ITEM 1: Enter existing PA DEP registration/accreditation number (if known).  
ITEM 2: Enter US EPA Laboratory Code. This code may be found on Water Supply (WS), Water Pollution (WP) or Discharge Monitoring Report – Quality Assurance (DMRQA) studies.  
ITEM 7: Enter the person to whom the Department should send future correspondence and who will be listed as the “contact” for the facility on the Department’s website.

Laboratories are reminded that all testing and analysis requirements shall be performed in accordance with the requirements of the Environmental Laboratory Accreditation Act of 2002, the environmental statutes, and any conditions imposed by the Department.

**Note:** Any subfacilities or remote laboratory sites are considered separate and must submit a separate application.

**SUBMIT APPLICATION AND FEE** (make check payable to “Commonwealth of Pennsylvania”) **TO:**

Pennsylvania Department of Environmental Protection  
Attn: Laboratory Accreditation Program  
P.O. Box 1467  
Harrisburg, PA 17105-1467

1. **Pennsylvania Accreditation ID# (if issued)** \_\_\_\_\_
2. **US EPA Laboratory Code # (if known)** \_\_\_\_\_ e.g. PA 12345
3. **Federal EIN Number** \_\_\_\_\_ — \_\_\_\_\_
4. **Legal Name of Applicant**  
\_\_\_\_\_
5. **Mailing Address**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ — \_\_\_\_\_  
Phone \_\_\_\_\_ — \_\_\_\_\_ FAX \_\_\_\_\_ — \_\_\_\_\_
6. **Physical Location of Laboratory**  
Number and Street \_\_\_\_\_  
County \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ — \_\_\_\_\_

**7. Name and Phone Number of the Laboratory Contact Person**

Name \_\_\_\_\_ Phone \_\_\_\_\_

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**E-Mail** \_\_\_\_\_

**8. Laboratory Type (Check all applicable boxes)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Commercial          | <input type="checkbox"/> Federal             | <input type="checkbox"/> State                            |
| <input type="checkbox"/> Industrial          | <input type="checkbox"/> Mobile              | <input type="checkbox"/> Hospital or Health-Care Facility |
| <input type="checkbox"/> Academic Institutes | <input type="checkbox"/> Public Water System | <input type="checkbox"/> Public Wastewater System         |
| <input type="checkbox"/> Other _____         |  |   |
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**9. Type of Testing and Analysis Performed (Check all applicable boxes)**

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> pH, Residual Chlorine, Dissolved Oxygen, Flow, etc. |  |                                       |
| <input type="checkbox"/> Drinking Water                                      | <input type="checkbox"/> Air/Emissions                     | <input type="checkbox"/> Storage Tank |
| <input type="checkbox"/> Wastewater or Discharge Monitoring                  | <input type="checkbox"/> Oil and Gas                       |                                       |
| <input type="checkbox"/> Hazardous Waste/Site Characterization               | <input type="checkbox"/> Small Operator Assistance Program |                                       |
| <input type="checkbox"/> Other (Specify) _____                               |  |                                       |
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**10. CERTIFICATION BY APPLICANT**

I hereby certify that I am authorized to sign this application on behalf of the applicant/owner and that there are no misrepresentations in my answer to the questions on this application. I understand that false statements made in this application are subject to the provisions of 18 Pa. C.S. Section 4904(b) (unsworn falsification to authorities).

\_\_\_\_\_  
Name of Responsible Laboratory Official

\_\_\_\_\_  
Signature of Responsible Laboratory Official

\_\_\_\_\_  
Date