ENVIROMENTAL 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 

---

**E-Mail** 

---

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

- [ ] Commercial
- [ ] Federal
- [ ] State
- [ ] Industrial
- [ ] Mobile
- [ ] Hospital or Health-Care Facility
- [ ] Academic Institutes
- [ ] Public Water System
- [ ] Public Wastewater System
- [ ] Other

---

9. **Type of Testing and Analysis Performed (Check all applicable boxes)**

- [ ] pH, Residual Chlorine, Dissolved Oxygen, Flow, etc.
- [ ] Drinking Water
- [ ] Air/Emissions
- [ ] Storage Tank
- [ ] Wastewater or Discharge Monitoring
- [ ] Oil and Gas
- [ ] Hazardous Waste/Site Characterization
- [ ] Small Operator Assistance Program
- [ ] Other (Specify)

---

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 

---
APPLICATION FOR ENVIRONMENTAL LABORATORY ACCREDITATION

PART 1 – Initial/Renewal Application

Note: Any sub-facilities or remote laboratory sites are considered separate and must submit a separate application [§§ 252.201(c) and (d)]. Enclose a copy of the laboratory's quality manual with your initial application and appropriate sections of Part 2 (or list the fields of accreditation for which the laboratory is requesting accreditation). Please consult the Application Instructions for guidance regarding completion of this form. Incomplete or inaccurate information will delay the processing of an application for accreditation and may result in denial, revocation, or lapse of accreditation.

1. Type of Application:
   - □ Initial Application—Requested Fields of Accreditation (FOAs) and completed W-9 form attached
   - □ Renewal Application—No Changes to Scope of Accreditation requested
   - □ Renewal Application—Changes to Scope of Accreditation requested: documentation outlining changes (additions/deletions) attached

2. Type of Accreditation:
   - State Accreditation
     - □ Potable/Drinking Water  □ Non-Potable Water  □ Solid and Chemical Materials  □ SOAP Program
   - or NELAP Accreditation (Voluntary)
     - □ Potable/Drinking Water  □ Non-Potable Water  □ Solid and Chemical Materials  □ SOAP Program
   - Secondary NELAP Applicants Only
     - Primary Accreditation Body (AB): __________________________ Date of On-Site Inspection: __________
     - Primary Accreditation Body (AB): __________________________ Date of On-Site Inspection: __________
     - Primary Accreditation Body (AB): __________________________ Date of On-Site Inspection: __________

3. Laboratory Type (Check all that apply):
   - □ Commercial  □ Federal  □ Hospital or Health-Care Facility
   - □ Industrial  □ Public Wastewater System  □ State
   - □ Academic Institutes  □ Public Water System  □ Other __________________________
   - □ Mobile License #: _____ State: ___ Expiration: ___  VIN #: __________________

4. Laboratory Hours of Operation __________________________

5. Pennsylvania Laboratory ID # (if issued): [____] — [____] — [____] — [____] — [____] — [____]

6. EPA Laboratory ID #: __________________________
   *If issued

7. Federal EIN #: [____] — [____] — [____] — [____] — [____] — [____]

8. Legal Name of Applicant Laboratory:
   _____________________________________________

9. Name of Applicant Laboratory (as you wish it to appear on the Certificate of Accreditation):
   _____________________________________________

10. Mailing Address: (If different Billing Address, specify on an attached sheet.)
    _____________________________________________
    _____________________________________________
    City: __________________ State: ______ Zip Code: ______
    Phone: ________ FAX: ________________
11. Physical Location of Laboratory (if different from above):
   Street Number: 
   ____________________________________________________________
   ____________________________________________________________
   City: ___________________________ State: _______ Zip Code: _______

12. Name of Owner: ________________________________________________
    ____________________________________________________________
    ____________________________________________________________
    City: ___________________________ State: _______ Zip Code: _______

13. Address of Owner: ______________________________________________
    ____________________________________________________________
    ____________________________________________________________
    City: ___________________________ State: _______ Zip Code: _______

14. Laboratory Supervisor(s) (All individuals listed below must meet the education and experience requirements of 25 Pa. Code Chapter 252.302 and/or the TNI Standard. Laboratory supervisors are responsible for exercising day-to-day supervision of laboratory operations, testing and analysis, and reporting of results. Attach additional sheets if necessary. Secondary NELAP Laboratories—Technical Director(s) named below must match documentation from Primary AB.):
   a. Name: ___________________________ Title: __________________________
      Area(s) of Supervision: __________________________________________
      Email: ___________________________ Phone: ________________________
   b. Name: ___________________________ Title: __________________________
      Area(s) of Supervision: __________________________________________
      Email: ___________________________ Phone: ________________________
   c. Name: ___________________________ Title: __________________________
      Area(s) of Supervision: __________________________________________
      Email: ___________________________ Phone: ________________________
   d. Name: ___________________________ Title: __________________________
      Area(s) of Supervision: __________________________________________
      Email: ___________________________ Phone: ________________________
   e. Name: ___________________________ Title: __________________________
      Area(s) of Supervision: __________________________________________
      Email: ___________________________ Phone: ________________________
   f. Name: ___________________________ Title: __________________________
      Area(s) of Supervision: __________________________________________
      Email: ___________________________ Phone: ________________________
   g. Name: ___________________________ Title: __________________________
      Area(s) of Supervision: __________________________________________
      Email: ___________________________ Phone: ________________________
15. **Quality Assurance Officer(s)** (Not required for State Accreditation applicants. Attach additional sheets if necessary):
   
a. Name: ___________________________ Title: ___________________________
   Email: ___________________________ Phone: ___________________________

b. Name: ___________________________ Title: ___________________________
   Email: ___________________________ Phone: ___________________________

16. **Laboratory Personnel**: (Provide a list of laboratory personnel employed at laboratory in past 12 months who are or have been responsible for sample log-in, preparation, analysis, and/or reporting. Attach additional sheets if necessary.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
<th>Analytical Responsibility(ies)</th>
<th>Dates of Employment</th>
</tr>
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</table>

17. **CERTIFICATION BY APPLICANT QUALITY ASSURANCE OFFICER(S)** (attach additional sheets, as necessary)

The applicant understands and acknowledges that the laboratory is required to be continually in compliance with the Commonwealth of Pennsylvania Department of Environmental Protection regulations and is subject to the enforcement and penalty provisions of the Commonwealth of Pennsylvania.

I (individual identified in Item #15) hereby certify that I am authorized to sign this application on behalf of the applicant/owner and that there are no misrepresentations in my answers 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 Quality Assurance Officer (a)  Signature Quality Assurance Officer  Date

Name of Quality Assurance Officer (b)  Signature Quality Assurance Officer  Date

18. **CERTIFICATION BY APPLICANT LABORATORY SUPERVISOR(S)** (attach additional sheets, as necessary)

The applicant understands and acknowledges that the laboratory is required to be continually in compliance with the Commonwealth of Pennsylvania Department of Environmental Protection regulations and is subject to the enforcement and penalty provisions of the Commonwealth of Pennsylvania. In accordance with 25 Pa Code Chapter 252 § 252.301(a), "The Department will consider the laboratory supervisor of an environmental laboratory as the individual listed on the laboratory's application for accreditation for which the Department has reviewed and approved the individual's
qualifications." All laboratory supervisors identified in Item #14 of this application must sign the certification statement below.

I (individual(s) identified in Item #14) hereby certify that I am authorized to sign this application and have been designated by the laboratory/owner to act as a laboratory supervisor and that there are no misrepresentations in the answers to the questions on this application. I understand and agree to follow the requirements and perform the functions of a laboratory supervisor, as outlined in 25 Pa Code Chapter 252 or the TNI Standard, based on the accreditation type sought by the applicant laboratory.

Failure to meet the requirements of 25 Pa. Code Chapter 252 could result in denial, suspension, or revocation of your laboratory’s accreditation and is due cause for civil penalties as established by the Environmental Laboratory Accreditation Act (27 Pa C.S. §§ 4101 – 4113). As indicated below with a check-mark, I hereby certify that I have read following:

<table>
<thead>
<tr>
<th>Laboratory Supervisor:</th>
<th>Laboratories Seeking Primary or Secondary NELAP Accreditation</th>
</tr>
</thead>
<tbody>
<tr>
<td>a b c d e f g</td>
<td>TNI Standard, V1M1 – PT, V1M2 – QS, and appropriate technical modules</td>
</tr>
<tr>
<td></td>
<td>25 Pa. Code Chapter 252, Subchapters B, E, F, and G</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Laboratories Seeking State Accreditation</th>
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<tbody>
<tr>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>25 Pa. Code Chapter 252</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Laboratories Seeking Drinking Water Accreditation</th>
</tr>
</thead>
<tbody>
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<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
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</tbody>
</table>

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 Supervisor (a) (however named) | Signature Supervisor (however named) | Date
Name of Supervisor (b) (however named) | Signature Supervisor (however named) | Date
Name of Supervisor (c) (however named) | Signature Supervisor (however named) | Date
Name of Supervisor (d) (however named) | Signature Supervisor (however named) | Date
Name of Supervisor (e) (however named) | Signature Supervisor (however named) | Date
Name of Supervisor (f) (however named) | Signature Supervisor (however named) | Date
Name of Supervisor (g) (however named) | Signature Supervisor (however named) | Date
APPENDIX A

Fee Calculation

In accordance with 25 Pa. Code Chapter 252, § 252.204(a), "The appropriate fee in accordance with the following schedule must accompany an application for accreditation, renewal of accreditation. A check must be payable to "Commonwealth of Pennsylvania." A complete fee includes payment of the appropriate Application Fee in addition to all appropriate Matrix Category Fees."

<table>
<thead>
<tr>
<th>Initial Application Fee (State)</th>
<th>Initial Application Fee (NELAP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$750</td>
<td>$2,500</td>
</tr>
<tr>
<td>Renewal Application Fee (State)</td>
<td>Renewal Application Fee (NELAP)</td>
</tr>
<tr>
<td>$500</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

1st Matrix3

<table>
<thead>
<tr>
<th>BDW</th>
<th>BNPW</th>
<th>Asbestos</th>
<th>Micro</th>
<th>Trace Metals</th>
<th>Non-Metals</th>
<th>VOC</th>
<th>SEMI</th>
<th>Dioxin</th>
<th>RAD</th>
<th>WETT</th>
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<td>$650</td>
<td>$750</td>
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<td>$1500</td>
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2nd Matrix3

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<tr>
<th>Asbestos</th>
<th>Micro</th>
<th>Trace Metals</th>
<th>Non-Metals</th>
<th>VOC</th>
<th>SEMI</th>
<th>Dioxin</th>
<th>RAD</th>
<th>WETT</th>
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<td>$350</td>
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<td>$1400</td>
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3rd Matrix3

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<tr>
<th>Asbestos</th>
<th>Micro</th>
<th>Trace Metals</th>
<th>Non-Metals</th>
<th>VOC</th>
<th>SEMI</th>
<th>Dioxin</th>
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Sub-Totals

GRAND TOTAL (Application Fee + Matrix Category Fees)

1. In addition to the appropriate fees, out-of-State environmental laboratories shall reimburse the Department for out-of-State travel related to expenses necessitated by the on-site assessment process. See § 252.204(e).
2. Applications submitted by a laboratory that does not have a valid accreditation certificate from the PA-DEP are considered initial applications and require payment of the Initial Application Fee.
3. "Matrix" refers to Drinking Water, Non-Potable Water, and Solid & Chemical Materials. Laboratories must pay the appropriate fee based on the number of matrices for which the laboratory requests accreditation.

Example Fee Calculation:

XYZ Laboratory wants to renew its State accreditation certificate and performs testing of Whole Effluent Toxicity (WETT), Inorganic Non-Metals and VOCs in drinking water and non-potable water and also performs testing of Trace Metals in all three matrices. XYZ Laboratory would be responsible for the following fee:

| Application Fee – Renewal Application for State Accreditation | $500 |
| Whole Effluent Toxicity (WETT) | $700 |
| Trace Metal Category (3 Matrices) | $1,500 |
| Inorganic Non-metal Category (2 Matrices) | $1,150 |
| Volatile Organic Chemicals (2 Matrices) | $1,250 |

Total (Matrix Category Fees + Application Fee) $5,100
APPENDIX B
Guidance Documents

The Department has developed guidance documents and other compliance assistance aids that describe the various accreditation requirements that laboratories must meet. These documents are available on the Department’s website at www.dep.pa.gov/business/otherprograms/labs under “Laboratory Accreditation Program.” Below is a list of some of the documents that the Laboratory Accreditation Program strongly recommends that laboratories read and understand.

All Laboratories Seeking Accreditation
☐ Part 1 – Initial/Renewal Application Instructions
☐ Part 3 – Add/Change Supervisor Instructions
☐ Part 4 – Addition of Field of Accreditation Instructions
☐ Part 5 – Change to Laboratory Information Instructions

Laboratories Seeking Primary NELAP and State Accreditation
☐ Corrective Action Report FAQ
☐ On-Site Assessment Guidance
☐ Proficiency Testing Guidance for Labs

Laboratories Seeking Drinking Water Accreditation for Chemistry
☐ Request to Report Qualified DW Results Instructions
☐ SDWA Composite Analysis FAQ
☐ Memo to DW Accredited Labs RE: SDWA Reporting and Notification Requirements

Laboratories Seeking Drinking Water Accreditation for Microbiology
☐ Memo to DW Accredited Labs RE: SDWA Reporting and Notification Requirements
☐ Notice to DW Micro Labs RE: SDWA Microbiology Results
☐ Coliform Density Calculation FAQ

Laboratories Seeking Secondary NELAP Accreditation
☐ Secondary NELAP FAQ
**APPLICATION FOR ENVIRONMENTAL LABORATORY ACCREDITATION**

**PART 2 – Methodology Requests**

1. **Pennsylvania Laboratory ID:**

6. **Methodology Requests** (include additional sheets as necessary, or provide the same information in a spreadsheet or other document):

<table>
<thead>
<tr>
<th>Matrix(ces)</th>
<th>Method &amp; Rev#</th>
<th>Analyte</th>
<th>SOP*</th>
<th>IDOC*</th>
<th>PT*</th>
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* Leave these columns blank. For Department Use Only.
APPLICATION FOR ENVIRONMENTAL LABORATORY ACCREDITATION

PART 3 – Add/Change Laboratory Supervisor

Note: An accredited environmental laboratory must have at least one qualified laboratory supervisor (or Technical Director, for NELAP) who meets the qualifications outlined in 25 Pa. Code, Chapter 252 or the 2009 TNI Standard. Enclose the appropriate documents demonstrating that the individual proposed on this form is qualified to perform the function of a laboratory supervisor (however named). Incomplete or inaccurate information will delay the processing of an application for addition or replacement of a laboratory supervisor and may result in denial, revocation, or lapse of accreditation.

Terms and Definitions

Laboratory Supervisor (or Technical Director)—A technical supervisor of an environmental laboratory who supervises laboratory procedures and reporting of analytical data. This individual must meet the education and experience requirements of the applicable standard (State or NELAP) for which the laboratory seeks to obtain and/or maintain accreditation.

Lead Supervisor—Laboratory supervisor (or technical director) designated by management/ownership to be listed on all official correspondence from the Department. This supervisor is also listed as the contact for the laboratory on the DEP website. “Lead Supervisor” is an unofficial term used by the Department to identify the individual to whom official correspondence is addressed. This individual must meet the education and experience requirements for a supervisor.

Primary Supervisor—Laboratory supervisor who exercises actual day-to-day supervision for one or more areas of the laboratory’s accreditation.

Alternate Supervisor—Individual meeting the qualifications of a laboratory supervisor for one or more areas of the laboratory’s accreditation and who performs the function of a laboratory supervisor when the primary supervisor is absent.

Laboratory Information:

1. Pennsylvania Laboratory ID: [ ] — [ ]
   Use separate application form for each individual Laboratory ID#.

2. Laboratory Name: (as it appears on the Certificate of Accreditation)

3. Type of Accreditation:
   □ State Accreditation (Chapter 252)
   □ NELAP Accreditation

Proposed Supervisor Information:

4. Type of Application: (check all that apply)
   □ Replace a Laboratory Supervisor (includes removal of current supervisor)
   □ Add a Laboratory Supervisor
   □ Amend Supervisory Responsibilities of Current Laboratory Supervisor
   □ Designate a new “Lead Supervisor”

5. Proposed Laboratory Supervisor: (Use separate application form for each proposed laboratory supervisor)
   Name: __________________________
   Phone: [ ] — [ ] x [ ]
   Email: __________________________

6. Does this Proposed Laboratory Supervisor replace a previously designated Laboratory Supervisor?
   □ Yes □ No
   If “Yes”, specify previous laboratory supervisor’s name below.
7. **Proposed Area(s) of Supervision:** (check all that apply)
   - Microbiology
   - Volatile Organic Compounds
   - Asbestos
   - Extractable and Semi-Volatiles
   - Inorganic Non-Metals
   - PCBs
   - Trace Metals
   - Dioxin
   - Other
   - Whole Effluent Toxicity
   - Radiochemistry
   - Micro (limited to: Fecal, TC, E.coli, HPC)
   - Other
   - Other

8. **Type of Supervision:** (Laboratories are required to designate an alternate laboratory supervisor if the Primary Supervisor is absent for longer than 16 calendar days. NOTE: Laboratories are required to notify the Laboratory Accreditation Program if a Primary Laboratory Supervisor's absence exceeds 30 calendar days.)
   - Primary
   - Alternate
   - If both, please specify Primary Area(s):

9. **Will this individual be considered the “Lead Supervisor”?** (The Lead Supervisor must meet the qualifications of a Laboratory Supervisor and must be performing the functions of a Laboratory Supervisor.)
   - Yes
   - No

10. **Effective Date(s) of Supervisory Responsibilities:**

11. **Physical Address for Proposed Laboratory Supervisor:** (if different from the physical location of laboratory)

12. **Analytical Experience:** (Applicant MUST complete the following table. Provide a range of dates for the specific time period for which analytical experience was obtained. Attach additional sheets, if necessary.)

<table>
<thead>
<tr>
<th>Method</th>
<th>Technology</th>
<th>Analyte/Class of Analyte</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g.: SM 5210B</td>
<td>e.g.: electrode</td>
<td>e.g.: BOD/CBOD</td>
<td>e.g.: 6/99-Present</td>
</tr>
</tbody>
</table>

13a. **Education:** (Laboratory Supervisors are required to have obtained specific educational qualifications depending on the area of supervision. Complete the following table with regard to college semester credit-hours of education. Attach additional sheets, if necessary.)

<table>
<thead>
<tr>
<th>School Name</th>
<th>Degree Conferred</th>
<th># Chemistry Credits</th>
<th># Biology Credits</th>
<th># Science Credits (specify type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g.: University of Pittsburgh</td>
<td>e.g.: BS</td>
<td>e.g.: 44</td>
<td>e.g.: 4</td>
<td>e.g.: N/A</td>
</tr>
</tbody>
</table>

1 Courses that may be considered as “Chemistry” must be listed as CHE, CHM, CHEM, CH, BCHEM, BC or other clear designation.
2 Courses that may be considered as “Biology” must be listed as BIO, BB, BIOSC, BIOL, MIC, MICRO, or other clear designation.
3 Courses that may be considered as “Science” include: chemistry, biochemistry, physics, environmental science, biology, microbiology, physical sciences, or engineering.

13b. **Certified Operator Provision:** (This provision is limited to an individual acting as the laboratory supervisor of a drinking water, wastewater, or industrial waste treatment facility.)

   Operator Certificate #: __________________  Expiration Date: ____________

   Certificate Type:  □ Drinking Water  □ Wastewater  □ Other, please specify: __________________

14. **Attachments to be included with application:**
   - Resume or other summary of analytical experience and where it was obtained (required)
   - College Transcripts (required, unless claiming supervision under the Certified Operator Provision)
   - Operator’s Certificate (required, if applying under Operator Certification Provision)
15. CERTIFICATION BY APPLICANT LABORATORY

As an authorized representative of the environmental laboratory, I hereby understand and acknowledge that the laboratory is required to be continually in compliance with the Commonwealth of Pennsylvania Department of Environmental Protection regulations, and the Environmental Laboratory Accreditation Act, Act of June 9, 2002, P.L. 596, No. 90, 27 Pa. C.S. §§ 4101-4113 and is subject to the enforcement and penalty provisions of the Commonwealth of Pennsylvania.

I hereby certify that I am authorized to sign this application and designate the individual named in Item #5 on this application to act as a laboratory supervisor at the laboratory named in Item #1 of this application and that there are no misrepresentations in the answers to the questions on this application. I understand and agree to follow the requirements of 25 Pa Code Chapter 252 or the 2009 TNI Standard, based on the accreditation type sought by the laboratory. 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 Laboratory Representative
(however named)                      Signature of Laboratory Representative
(however named)                      Date

16. CERTIFICATION BY APPLICANT SUPERVISOR (individual named in Item #5)

The proposed supervisor understands and acknowledges that the laboratory is required to be continually in compliance with the Commonwealth of Pennsylvania Department of Environmental Protection regulations and is subject to the enforcement and penalty provisions of the Commonwealth of Pennsylvania.

I hereby certify that I am authorized to sign this application and have been designated by the laboratory/owner to act as a laboratory supervisor and that there are no misrepresentations in my answers to the questions on this application. I understand and agree to follow the requirements and perform the functions of a laboratory supervisor, as outlined in 25 Pa Code Chapter 252 or the 2009 TNI Standard, based on the accreditation type sought by the laboratory I propose to supervise. 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 Proposed Supervisor
(however named)                      Signature of Proposed Supervisor
(however named)                      Date
APPLICATION FOR ENVIRONMENTAL LABORATORY ACCREDITATION

PART 4 – Addition of Field of Accreditation (FOA)

NOTE 1: The Department will not process Add FOA applications that do not include a SOP and IDOC for each requested FOA. (Not required for Secondary NELAP applicants.) Incomplete or inaccurate information will delay the processing of an application for accreditation and may result in denial of application.

NOTE 2: Laboratories may choose to perform PT studies before or after the submission of the add FOA application form. The PT studies must meet all requirements of 25 Pa Code Chapter 252, § 252.501.

NOTE 3: Any Add FOA application that results in the expansion of the laboratory's accreditation requests beyond the Accreditation Categories paid in the most recent Application for Accreditation (Initial or Renewal) will require payment of the appropriate category fee in addition to the Addition of FOA Fee. The Add FOA fee is not required when Part 4—Add FOA applications are submitted with Part 1—Initial/Renewal Applications. Secondary NELAP applicants are assessed the $250.00 Add FOA fee after the fifth (5th) Add FOA Application.

NOTE 4: Should the Department determine that a supplemental on-site assessment is required prior to a final determination of the Add FOA application, the Department will provide an invoice for payment of the Supplemental On-site Assessment Fee of $500.00. The Supplemental On-site Fee must be paid before the Department will schedule a supplemental on-site assessment.

1. Pennsylvania Laboratory ID: [ ]

2. Laboratory Name: [ ]

3. Requirements for a complete Add FOA Application for Primary NELAP & State Applicants:
   - [ ] SOPs for all requested FOAs
   - [ ] IDOCs for all requested FOAs
   - [ ] Completed Proficiency Testing Studies, as required by the FoPT Tables or provide the anticipated date of completion
   - [ ] $250.00 Addition of Field of Accreditation Fee (not required when submitted with a Part 1—Initial/Renewal Application)
   - [ ] Fee for any new accreditation category associated with the Add FOA, as appropriate (see § 252.204)

4. Requirements for a complete Add FOA Application for Secondary NELAP Applicants:
   - [ ] Valid Scope of Accreditation from a NELAP Recognized Accreditation Body with requested FOAs highlighted or otherwise clearly identified
   - [ ] Fee for any new accreditation category associated with the Add FOA, as appropriate (see § 252.204)
   - [ ] $250.00 Addition of Field of Accreditation Fee (fee waived for most Secondary NELAP applicants, see NOTE 3. Fee not required when submitted with a Part 1—Initial/Renewal application)

5. CERTIFICATION BY APPLICANT
   As an authorized representative of the environmental laboratory, I hereby understand and acknowledge that the laboratory is required to be continually in compliance with the Commonwealth of Pennsylvania Department of Environmental Protection regulations, and the Environmental Laboratory Accreditation Act, Act of June 9, 2002, P.L. 596, No. 90, 27 Pa. C.S. §§ 4101-4113 and is subject to the enforcement and penalty provisions of the Commonwealth of Pennsylvania.

[Signature]
Name of Laboratory Representative (however named)

[Signature]
Signature of Laboratory Representative (however named)

Date
6. **Additional Field(s) of Accreditation** (include additional sheets as necessary):

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* Leave these columns blank. For Department Use Only.
APPLICATION FOR ENVIRONMENTAL LABORATORY ACCREDITATION

PART 5 – Changes to Laboratory Information

Note: Any sub-facilities or remote laboratory sites are considered separate and must submit a separate application [§§ 252.201(c) and (d)]. Incomplete or inaccurate information will delay the processing of an application for accreditation and may result in denial, revocation, or lapse of accreditation.

1. Pennsylvania Laboratory ID: ____________ — ____________

2. Type of Application: (check all that apply)
   - [ ] Change in Administrative Information (change in Laboratory Name or Address)—Complete Appendix A
   - [ ] Ownership Transfer Application—Complete Appendix B
   - [ ] Change in Quality Assurance Officer—Complete Appendix C

3. Attachments to be included with Appendix A—Change in Administrative Information:
   - [ ] $150.00 Change in Administrative Information Fee (not required if submitted in conjunction with Appendix B—Ownership Transfer Application)
   - [ ] Valid Scope of Accreditation from a NELAP Recognized Accreditation Body confirming all requested changes (Secondary NELAP applicants only)

   NOTE: Changes limited to phone or fax number, e-mail addresses, or EPA ID# may be provided on a separate sheet and do not require completion of a Part 5—Changes to Laboratory Information application form or payment of fee.

4. Attachments to be included with Appendix B—Ownership Transfer Application:
   - [ ] Summary of Personnel and Responsibilities (must specifically outline all laboratory personnel, their responsibilities and any changes to or reassignment of management or analytical staff)
   - [ ] Summary of Equipment and Records (must specifically outline all equipment and Chapter 252/TNI records that will be maintained and any changes such as purchase or consolidation of equipment)
   - [ ] Summary of Operations (must specifically outline the laboratory’s operations and any changes to quality documents, operating procedures, sample reporting, etc.)
   - [ ] Completed W-9 Form
   - [ ] $150.00 Ownership Transfer Fee

5. Attachments to be included with Appendix C—Change in Quality Assurance Officer:
   - [ ] Confirmation from Primary NELAP Recognized Accreditation Body of the change in personnel (Secondary NELAP applicants only)

6. CERTIFICATION BY APPLICANT

As the laboratory supervisor of the environmental laboratory, I hereby understand and acknowledge that the laboratory is required to be continually in compliance with the Commonwealth of Pennsylvania Department of Environmental Protection regulations, and the Environmental Laboratory Accreditation Act, Act of June 9, 2002, P.L. 596, No. 90, 27 Pa. C.S. §§ 4101-4113 and is subject to the enforcement and penalty provisions of the Commonwealth of Pennsylvania.

Name of Laboratory Supervisor (however named) ____________________________

Signature of Laboratory Supervisor (however named) ____________________________

Date ____________________________

-1-
Appendix A
Change in Administrative Information

A1. Legal Name of Laboratory:

A2. Laboratory Name (as it should appear on the Certificate of Accreditation, if different from Item #A1):

A3. Mailing Address: (if different Billing Address, specify on an attached sheet)

City

State Zip Code —

A4. Physical Location of Laboratory: (if different from above)

Street Number:

City

State Zip Code —

A5. Phone Number:

A6. EPA Laboratory ID #:

A7. Federal EIN #:

A8. Effective Date of the Name Change:

A9. Effective Date of the Address Change:
Appendix B
Ownership Transfer Application

B1. Legal Name of Laboratory:

B2. Laboratory Name (as it should appear on the Certificate of Accreditation, if different from Legal Name):

B3. EPA Laboratory ID #:

B4. Federal EIN #: ___ — ______

B5. Name of New Owner:

B6. Address of New Owner:

City

State Zip Code — ______

B7. Effective Date of the Ownership Change:

B8. Acknowledgement by New Owner:

I understand and acknowledge that the laboratory is required to be continually in compliance with the Commonwealth of Pennsylvania Department of Environmental Protection regulations and is subject to the enforcement and penalty provisions of the Commonwealth of Pennsylvania. I also understand that in accordance with:

- 27 PA C.S. § 4106(b) of The Act of June 29, 2002 (P.L. 596, No. 90) (dealing with environmental laboratory accreditation), "General Requirements—An environmental laboratory shall have the staff, management structure, equipment, quality assurance and quality control procedures and recordkeeping procedures necessary to ensure that the environmental laboratory generates valid and accurate test results in accordance with all conditions of accreditation and this chapter."

- 25 Pa. Code § 252.202, "(a) Within 30 calendar days following the change in laboratory ownership, an accredited environmental laboratory shall do the following: (3) Agree to correct any violations that exist at the time of the sale or transfer in accordance with a schedule that is acceptable to the Department," and "(b) Enforcement actions will be transferred with the accreditation."

I hereby certify that I am the owner of the laboratory named in item B2 and authorized to sign this application and that there are no misrepresentations in the information provided with 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 Owner Signature Owner Date
Appendix C
Change in Quality Assurance Officer

C1. Laboratory Name:


C2. Type of Accreditation:

☐ State Accreditation (Chapter 252)
☐ NELAP Accreditation

C3. Type of Application:

☐ Replace a QA Officer (includes removal of current QA Officer)
☐ Add a QA Officer

C4. New Quality Assurance Officer:

Name: ____________________________  Phone: ____________________________  —  ____________________________  x  ____________________________

Email: ____________________________

C5. Quality Assurance Officer to be Removed (if applicable):

Name: ____________________________

C6. Effective Date of the QA Officer Responsibilities: ____________________________

C7. Certification by QA Officer:

I understand and acknowledge that the laboratory is required to be continually in compliance with the Commonwealth of Pennsylvania Department of Environmental Protection regulations and is subject to the enforcement and penalty provisions of the Commonwealth of Pennsylvania.

I hereby certify that I am authorized to sign this application and that there are no misrepresentations in my answers 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 Quality Assurance Officer  Signature Quality Assurance Officer  Date