



## 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 (\$50.00) dollar fee fulfills that requirement.

- ITEM 1: Enter existing PA DEP certification number.
- 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.
- ITEM 8: Enter the granting authority and the type of any current accreditations held by this laboratory.

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 Certification ID# (if issued)** \_\_\_\_\_
- 2. **US EPA Laboratory Code # (if known)** \_\_\_\_\_ e.g. PA 12345
- 3. **Federal EIN Number** \_\_\_\_\_ — \_\_\_\_\_
- 4. **Legal Name of Applicant Laboratory**

**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. List Current Laboratory Accreditations or Certifications from any State or Federal Environmental Agency:**

\_\_\_\_\_

**9. 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 \_\_\_\_\_

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

- Basic Wastewater Only (BOD, DO, Suspended Solids, Residual Chlorine, Fecal Coliform, pH, Ammonia, Temperature, Nitrate)
- Drinking Water  Air  Storage Tank
- Wastewater or Discharge Monitoring  Oil and Gas
- Hazardous Waste/Site Characterization  Small Operator Assistance Program
- Other (Specify) \_\_\_\_\_

**11. Analytical Category (Check all applicable boxes)**

- Inorganic Chemistry (e.g. Metals, Inorganic Non-metals, Nutrients, BOD, TOC)
- Organic Chemistry (e.g. GC, GC/MS)  W.E.T.T. (Whole Effluent Toxicity Testing)
- Microbiology (e.g. Coliform bacteria)  Stack Testing
- Radiochemistry
- Other \_\_\_\_\_

**12. Estimate on Annual Basis-Number of Samples:** \_\_\_\_\_ **Number of Analytical Tests:** \_\_\_\_\_

**13. Number of Analytical Staff:** \_\_\_\_\_

**14. Do you anticipate that you will seek NELAP accreditation from Pennsylvania?**

Yes  (If yes, Primary  Secondary ) No  Not Sure

**15. 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 Technical Director or Laboratory Director

\_\_\_\_\_  
Signature Technical Director or Laboratory Director      Date