

## 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 \_\_\_\_\_

---

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 _____         |                                              |                                                           |
- 

**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) _____                               |                                                            |                                       |
- 

**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
- Industrial
- Academic Institutes
- Mobile License #: \_\_\_\_\_
- Federal
- Public Wastewater System
- Public Water System
- State: \_\_ Expiration: \_\_\_\_\_
- Hospital or Health-Care Facility
- State
- Other \_\_\_\_\_
- 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: \_\_\_\_\_

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.)

Name	Title/Position	Analytical Responsibility(ies)	Dates of Employment

**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:

Laboratory Supervisor:							
a	b	c	d	e	f	g	Laboratories Seeking Primary or Secondary NELAP Accreditation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TNI Standard, V1M1 – PT, V1M2 – QS, and appropriate technical modules
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 Pa. Code Chapter 252, Subchapters B, E, F, and G
							<b>Laboratories Seeking State Accreditation</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 Pa. Code Chapter 252
							<b>Laboratories Seeking Drinking Water Accreditation</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 Pa. Code Chapter 109, § 109.810

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."<sup>1</sup> A complete fee includes payment of the appropriate Application Fee in addition to all appropriate Matrix Category Fees."

Initial Application Fee (State) <sup>2</sup>	\$ 750	<input type="text"/>	Initial Application Fee (NELAP) <sup>2</sup>	\$ 2,500	<input type="text"/>
Renewal Application Fee (State)	\$ 500	<input type="text"/>	Renewal Application Fee (NELAP)	\$ 2,000	<input type="text"/>

1 <sup>st</sup> Matrix <sup>3</sup>	2 <sup>nd</sup> Matrix <sup>3</sup>	3 <sup>rd</sup> Matrix <sup>3</sup>
BDW \$ 650 <input type="text"/>		
BNPW \$ 750 <input type="text"/>		
Asbestos \$ 400 <input type="text"/>	Asbestos \$ 350 <input type="text"/>	Asbestos \$ 300 <input type="text"/>
Micro \$ 500 <input type="text"/>	Micro \$ 450 <input type="text"/>	Micro \$ 400 <input type="text"/>
Trace Metals \$ 550 <input type="text"/>	Trace Metals \$ 500 <input type="text"/>	Trace Metals \$ 450 <input type="text"/>
Non-Metals \$ 600 <input type="text"/>	Non-Metals \$ 550 <input type="text"/>	Non-Metals \$ 500 <input type="text"/>
VOC \$ 650 <input type="text"/>	VOC \$ 600 <input type="text"/>	VOC \$ 550 <input type="text"/>
SEMI \$ 1500 <input type="text"/>	SEMI \$ 1400 <input type="text"/>	SEMI \$ 1300 <input type="text"/>
Dioxin \$ 650 <input type="text"/>	Dioxin \$ 600 <input type="text"/>	Dioxin \$ 550 <input type="text"/>
RAD \$ 750 <input type="text"/>	RAD \$ 700 <input type="text"/>	RAD \$ 650 <input type="text"/>
WETT \$ 700 <input type="text"/>		

Sub-Totals \_\_\_\_\_

**GRAND TOTAL (Application Fee + Matrix Category Fees)** \_\_\_\_\_

- <sup>1</sup> 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)
- <sup>2</sup> 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.
- <sup>3</sup> "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
<b>Total (Matrix Category Fees + Application Fee)</b>	<b>\$ 5,100</b>

## 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](http://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











**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 (5<sup>th</sup>) 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.

\_\_\_\_\_  
 Name of Laboratory Representative (however named)      Signature of Laboratory Representative (however named)      Date







## 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





