# **REQUEST TO APPLY FOR LIMITED USE METHOD**

# Environmental Laboratory Accreditation Program (ELAP)

This form is for use by laboratories requesting a field of accreditation (FOA) ***not listed in ELAP’s Field of Accreditation Tables***. To be eligible to apply for accreditation in this method, a laboratory must:

1. Contact the regulatory agency prior to submitting the request to ELAP. Requests submitted without agency approval will be automatically rejected.
2. Have an Alternate Test Procedure (ATP) approval from the US EPA for federally regulated contaminants.
3. Have approval from the appropriate California regulatory agency.
4. Submit documentation of the above approval(s) and the reference method with this request.
5. Submit this request prior to the accreditation application.
6. Comply with any additional requirements specified by the State Regulatory Agencies and/or federal agencies who receive the data [CCR §64814.00(a)].
7. If ELAP concurs with the request, the laboratory will receive documentation that needs to be included with the application along with the application requirements, including a successful on-site assessment and proficiency tests for this FOA.

## PART A1 – FIELD OF ACCREDITATION INFORMATION

Fill out the table below; add more rows as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Analyte** | **Method** | **Matrix** | **Technology**  |
|  |  |  |  |
|  |  |  |  |

## PART A2 – REGULATORY PURPOSE

For each FOA in A1 above, identify the regulatory purpose (e.g. NPDES compliance, site cleanup) ***and*** the restrictions on its use (e.g. single site only, single laboratory only)

|  |  |  |
| --- | --- | --- |
| **Method** | **Regulatory Purpose** | **Restrictions** |
|  |  |  |
|  |  |  |

## PART B – DOCUMENTATION OF APPROVAL (REQUIRED)

|  |
| --- |
| **Name of Approving Agency**: |
| **Contact Person:** |
| **Contact Person Phone:** |
| **Contact Person Email:** |
| **State Regulatory Agency the Laboratory Will Report This Data to** *(select all that apply):*[ ]  Division of Drinking Water[ ]  State Water Resources Control Board[ ]  Regional Water Quality Control Board(s): [ ]  Department of Toxic Substances Control[ ]  Department of Conservation[ ]  Other (specify): |
| **Attached Documentation of Approval**:[ ]  Documentation of US EPA ATP Approval (if a federally regulated contaminant)[ ]  Official written approval from regulatory entity(s) who receive the data[ ]  Permit(s) or Order(s) that the laboratory is conducting the analysis for: |

## PART C – SIGNATURE / SUBMITTAL

Submit this Request to Apply for Limited Use Method and supporting documentation to elapca@waterboards.ca.gov following the instructions listed in this form. If ELAP approves the Request, additional information will be provided to include in a complete application.

The owner, owner’s agent, or corporate officer authorized to act on behalf of the laboratory, is authorized to sign and submit this document and certifies that all information contained within is true and accurate.

|  |
| --- |
| **Name of Representative Submitting Request**:  |
| Signature: Date: |