

# State Water Resources Control Board

**APPLICATION FOR RECIPROCITY ACCREDITATION**

**Environmental Laboratory Accreditation Program**

This application is ***for use by laboratories geographically located outside of California*** seeking accreditation by reciprocity under the California Environmental Laboratory Accreditation Act (Chapter 4 commencing with Section 100825, Part 1, Division 101, of the California Health & Safety Code).

***California ELAP does not grant primary accreditation to out-of-state laboratories.*** Laboratories located outside of California must apply for accreditation by reciprocity using primary accreditation(s) as described below:

* ***If applying for Drinking Water Fields of Accreditation that are federally regulated under the Safe Drinking Water Act*** – the laboratory must have primary accreditation from a state accreditation body.
* ***If applying for Drinking Water Fields of Accreditation that are regulated by California for state-specific requirements outside of the Safe Drinking Water Act*** – the laboratory’s primary accreditation may be a state accreditation body or non-governmental accreditation body.
* ***Applying for all other Fields of Accreditation*** – the laboratory’s primary accreditation may be a state accreditation body or non-governmental accreditation body.

**PART A – LABORATORY INFORMATION**

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| **Name of Laboratory**: |
| **ELAP Certificate Number** *(if applicable):* |
| **ELAP Certificate Expiration Date** *(if applicable):* |
| **Laboratory Address** *(physical location):* |
| Street: |
| City: State**:** Zip: |

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| **Laboratory Mailing Address** *(if different from physical location):* |
| Street: |
| City: State: Zip: |
| **Laboratory Technical Manager**: |
| **Laboratory Quality Manager**: |
| **Laboratory Owner**: |
| **Laboratory Contact Person**: |
| **Title of Contact Person**: |
| **Contact Email**: |
| **Contact Phone Number**: |
| **Laboratory Website**: |
| **Is this a Mobile Laboratory?**  Yes  No |
| **If this is a Mobile Laboratory:**  Vehicle Make:  Vehicle License #:  Model:  State of Registration:  Vehicle ID #: |
| **Laboratory Type** *(select one):*  Commercial  Federal  State  County  City  Public water system  Public wastewater system  Recycling Facility  Academic Institute  Hospital or health care  Industrial (with NPDES permit only)  Other: |

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| **State Regulatory Agency the Laboratory Reports 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: |
| **Number of Full-time Technical Employees**: |
| **Number of Part-time Technical Employees**: |

**PART B – QUALITY MANUAL**

Submit an electronic copy of the laboratory’s current Quality Manual.

**PART C – CALIFORNIA-SPECIFIC REGULATORY REQUIREMENTS APPLICATION ADDENDUM**

Submit the completed California-specific Regulatory Requirements Addendum, available for download [here](https://www.waterboards.ca.gov/drinking_water/certlic/labs/apply.html).

**PART D – FIELD(S) OF ACCREDITATION TABLES**

Populate the Field(s) of Accreditation Tables for which the laboratory is seeking accreditation by placing a (Y) in the appropriate column. Submit the Field(s) of Accreditation Tables in two formats:

1. Electronic Copies: Print the populated Field(s) of Accreditation Tables, sign the bottom of the first page of each Table, scan, and submit electronically.
2. Excel Copies: Submit the populated Field(s) of Accreditation Tables as Excel files so that ELAP can directly upload the requested Field(s) of Accreditation to ELAP’s database.

**PART E – PRIMARY ACCREDITATION**

Submit electronic copies of documents for the laboratory’s primary accreditation. If the laboratory is applying using multiple primary accreditation bodies, provide information and documentation for all.

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| **Primary Accrediting Body 1**: |
| **Certificate Start Date**: |
| **Certificate Expiration Date**: |
| **Checklist of Required Documents** *(must be official documents from the accrediting body):*  Certificate of Accreditation  Scope of Accreditation  On-Site Assessment Report  Approved Corrective Action Plan (CAP) |
| **Primary Accrediting Body 2**: |
| **Certificate Start Date**: |
| **Certificate Expiration Date**: |
| **Checklist of Required Documents** *(must be official documents from the accrediting body):*  Certificate of Accreditation  Scope of Accreditation  On-Site Assessment Report  Approved Corrective Action Plan (CAP) |

**PART F – APPLICATION FEE TABLE   
MUST BE COMPLETED OR APPLICATION WILL BE RETURNED**

Each laboratory is required to pay a nonrefundable reciprocity application fee, due at the time of submittal of the application. The reciprocity application fee has three components:

1. **Base fee** – $4,030
2. **Reciprocity Fee** – $6,500
3. **Per Field of Accreditation (FOA) fee** – Count the number of individual subgroups in the Field(s) of Accreditation Tables for which you are seeking accreditation to determine which Tier applies. Select only one Tier price in the table below. You do not have to pay the fees for any Tiers falling outside of the one that applies to your laboratory.

*FEE CALCULATOR – MUST BE COMPLETED*

Use the table below to calculate your total Reciprocity Application Fee. The base fee and reciprocity fee have been filled in for you because they apply to all out-of-state laboratories. Fill in only one Tier price and add it to the base fee and reciprocity fee to determine your Total Reciprocity Application Fee.

| **Fee Component** | **Price** | **My Cost** |
| --- | --- | --- |
| Base Fee | $4,030 | **$4,030** |
| Reciprocity Fee | $6,500 | **$6,500** |
| Field of Accreditation (FOA) Fee | -- | -- |
| Tier 1 – 1-10 FOAs | $585 |  |
| Tier 2 – 11-49 FOAs | $1,495 |  |
| Tier 3 – 50-99 FOAs | $4,485 |  |
| Tier 4 – 100-149 FOAs | $7,475 |  |
| Tier 5 – 150-249 FOAs | $10,465 |  |
| Tier 6 – 250-349 FOAs | $13,445 |  |
| Tier 7 – 350-499 FOAs | $16,445 |  |
| Tier 8 – 500-999 FOAs | $19,500 |  |
| Tier 9 – 1,000-1,999 FOAs | $24,500 |  |
| Tier 10 – 2,000 + FOAs | $29,500 |  |
| **Total Reciprocity Application Fee** |  |  |

*HOW TO PAY*

Option 1: Online Payments (via Visa, MasterCard, or Discover):

1. Visit <http://www.officialpayments.com/> and select “State Payments”
2. On the “Make A Payment” page, select the following:
   1. State or Territory – Select California
   2. Payment Entity – Select State Water Resources Control Board
   3. Payment Type – Select Invoices
3. Select the “Make A Payment” button
4. In the SWRCB Invoice Types drop down menu on the bottom of the page, select “Environmental Laboratory Accreditation Program (ELAP) Invoice” and click “Search”
5. Input the “SWRCB Invoice Number” and “Amount”, then click the green “ADD” button
6. Select “View Cart”
7. If everything is correct, select “Continue” to input payment information and submit.

Option 2: Manual payments (via check, money order, or cashier’s check):

1. Make your payment payable to the State Water Resources Control Board
2. Include the ELAP invoice number on the payment
3. Remit payment to one of the following addresses:

**State Water Resources Control Board Accounting Department**ATTN: ELAP FEES  
PO Box 1888  
Sacramento, CA 95812-1888

*Or*

**State Water Resources Control Board Accounting Department**ATTN: ELAP FEES  
1001 I Street, 18th Floor  
Sacramento, CA 95814  
(physical address for courier services)

**PART G – CERTIFYING SIGNATURES**

The Technical Manager and Quality Manager below certify that the information contained in the application is true and accurate, and affirm the laboratory’s commitment to compliance with the Environmental Laboratory Accreditation Act and its regulations (California Code of Regulations, title 22, chapter 19, articles 1 through 7):

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| **Name of Technical Manager**: |
| Signature: Date: |
| **Name of Quality Manager** *(if designated):* |
| Signature: Date: |

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.

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| **Name of Representative Submitting Application**: |
| Signature: Date: |

***For ELAP Admin use ONLY***

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| Application Number: |
| Date Submitted: |
| Date Returned to Laboratory (if incomplete): |
| Date Complete: |
| Comments: |