# Application for Certification
## Environmental Laboratory Accreditation Program

This application is for laboratories seeking certification under the California Environmental Laboratory Improvement Act (Chapter 4 commencing with Section 100825, Part 1, Division 101, of the California Health And Safety Code).

## PART A LABORATORY INFORMATION

1. Type of Application: New [  ] Renewal [  ] Amendment [  ] Certificate No. ________________ Expiration Date: ________________

2. Name of Laboratory: __________________________________________________________

3. Division: ___________________________________________________________________

4. Laboratory Location / Address: (Actual Location)
   Street: __________________________ City: __________________________ State: __________ Zip: __________
   Country: _________________________ Country Code: __________________________

5. Laboratory Mailing Address: (For mail delivery)
   Street: __________________________ City: __________________________ State: __________ Zip: __________
   Country: _________________________ Country Code: __________________________

6. Laboratory Shipping Address: (For sample delivery)
   Street: __________________________ City: __________________________ State: __________ Zip: __________
   Country: _________________________ Country Code: __________________________

7. Telephone #: ____________________________ 8. FAX #: __________________

9. E-Mail Address: __________________________

10. Web Site: __________________________

11. County (CA only): __________________________

12. Water Quality Control Board Region #: __________________________

13. Description of Laboratory Type: (Check one)
   _ Commercial ___________________ Federal ___________________ State ___________________
   _ City __________________________ Public Water System __________________ Public Wastewater System __________________
   _ Academic Institute ____________ Hospital or Health Care ____________ Industrial (an industry with discharge permit) ____________ Recycling Facility ____________ Other (describe) ____________

14. Laboratory Director: __________________________ Telephone #: __________________________

15. Contact Person: __________________________ Telephone #: __________________________

16. Mail Recipient Name: __________________________

17. Owner / Agents Name: __________________________

18. For Mobile Laboratories:
   Vehicle Make: __________________ Model: __________________ Vehicle ID #: __________________
   Vehicle License No.: __________________________ State of Registration: __________________________

### (for ELAP office use only)

Application Number: ______________ Amount Received: ______________ Date Received: ______________
**PART B PERSONNEL QUALIFICATIONS**

**LABORATORY DIRECTOR**

1. Name (Last, First, Middle Initial): __________________________

2. Title: __________________________

3. Education:

<table>
<thead>
<tr>
<th>Month/Year From - To</th>
<th>College/University</th>
<th>Major</th>
<th>Degree</th>
<th>Year Completed</th>
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4. Technical Training:

<table>
<thead>
<tr>
<th>Month/Year From - To</th>
<th>Technical Trade or Service School</th>
<th>Subject Certificate</th>
<th>Year Completed</th>
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5. Relevant Experience: (Last 5 years)

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<thead>
<tr>
<th>Month/Year From - To</th>
<th>Name and Address of Employer</th>
<th>Job Title</th>
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6. Briefly describe your experience relevant to this employment on a separate sheet of paper. Be sure to identify the laboratory, person’s name and position.

7. Certificate(s): (Analyst)

   [ ] CAL Nevada Section American Water Works Association

       Grade: __________________________  Expiration date: __________________________

   [ ] California Water Environment Association (CWEA)

       Grade: __________________________  Expiration date: __________________________

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PART B PERSONNEL QUALIFICATIONS PRINCIPAL ANALYST

Please make photocopies of this form and provide the information for additional personnel.

1. Name (Last, First, Middle Initial): ____________________________________________

2. Title: ______________________________________________________________________

[ ] Supervisor of Section __________________________ Operates Device __________________________

3. Education:

   Month/Year  College/University  Major  Degree  Year Completed
   From - To

   __________________________________________
   __________________________________________
   __________________________________________

4. Technical Training:

   Month/Year  Technical Trade or Service School  Subject Certificate  Year Completed
   From - To

   __________________________________________
   __________________________________________

5. Relevant Experience: (Last 5 years)

   Month/Year  Name and Address of Employer  Job Title
   From - To

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

6. Briefly describe your experience relevant to this employment on a separate sheet of paper. Be sure to identify the laboratory, person's name and position.

   __________________________________________
   __________________________________________

7. Certificate(s): (Analyst)

   [ ] CAL Nevada Section American Water Works Association
     Grade: _________________________  Expiration date: __________________________

   [ ] California Water Environment Association (CWEA)
     Grade: _________________________  Expiration date: __________________________
PART C
FIELDS OF TESTING

Check the appropriate box(es) for the Fields of Testing (FoTs) for which your laboratory requests certification.

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<th>Microbiology of Drinking Water</th>
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<td>E102</td>
<td>Inorganic Chemistry of Drinking Water</td>
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<td>E103</td>
<td>Toxic Chemical Elements of Drinking Water</td>
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<td></td>
<td>E104</td>
<td>Volatile Organic Chemistry of Drinking Water</td>
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<td></td>
<td>E105</td>
<td>Semi-volatile Organic Chemistry of Drinking Water</td>
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<td></td>
<td>E106</td>
<td>Radiochemistry of Drinking Water</td>
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<tr>
<td></td>
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<td>Inorganic Chemistry of Wastewater</td>
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<td>E112</td>
<td>Radiochemistry of Wastewater</td>
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<td>E113</td>
<td>Whole Effluent Toxicity of Wastewater</td>
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<td>Inorganic Chemistry &amp; Toxic Chemical Elements of Hazardous Waste</td>
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<td>E118</td>
<td>Radiochemistry of Hazardous Waste</td>
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<td>E119</td>
<td>Toxicity Bioassay of Hazardous Waste</td>
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<td>E120</td>
<td>Physical Properties of Hazardous Waste</td>
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<td>E121</td>
<td>Bulk Asbestos Analysis of Hazardous Waste</td>
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<td>E122*</td>
<td>Microbiology of Food</td>
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<td></td>
<td>E123*</td>
<td>Inorganic Chemistry and Toxic Chemical Elements of Pesticide Residues in Food</td>
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<td>E124</td>
<td>Organic Chemistry of Pesticide Residues in Food (measurements by MS techniques)</td>
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<td>E125</td>
<td>Organic Chemistry of Pesticide Residues in Food (excluding measurements by MS techniques)</td>
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<td></td>
<td>E126</td>
<td>Microbiology of Recreational Water</td>
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<td>E127</td>
<td>Shellfish Sanitation</td>
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<td></td>
<td>E128*</td>
<td>Air Quality Monitoring</td>
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<td></td>
<td>E129</td>
<td>Parasites in Potable Water</td>
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<tr>
<td></td>
<td>E130*</td>
<td>Parasites in Non-Potable Water</td>
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</tbody>
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PART D
INVOICE FOR FEES

[ ] Claim of Exemption from Fees: (attach written evidence for claim of exemption)
   { } California County or City Public Health Laboratory established under, Health and Safety Code Section 101150
   { } Government Reference Laboratory as defined in, Health and Safety Code Section 100860 (e) & (g)

[ ] Not Exempt From Fees

The Basic Fee is $1512.00-$1890.00, and the Field of Testing Fee is $681.00-$851.00.

Basic Fee + Number of Fields of Testing Requested times the Field of Testing Fee = Total Fee

\[
\frac{1512}{1890} + \text{Number of FoTs} \times $681 \times $851 = \text{Total Fee Amount}
\]

Enclose a check for the total fee, payable to “Environmental Laboratory Accreditation Program Branch.”

NOTE: Out of state laboratories - the cost of travel to visit a laboratory located outside the State of California will be determined and billed after completion of the site visit, Section 100860(b), Health and Safety Code.

PART E
QUALITY ASSURANCE MANUAL

Please submit two copies of your laboratory's manual for the in-house quality assurance program with this application by mail to P.O. Box 100, Sacramento, CA 95812-0100 or e-mail to elapca@waterboards.ca.gov.

PART F
FIELD OF TESTING WORKSHEET Field of Testing (FoT) worksheets can be downloaded from http://www.waterboards.ca.gov/drinking_water/certlic/labs/documents/ELAP-FOT-2014.pdf http://www.cdph.ca.gov/certlic/labs/Forms/ELAPforms.aspx. Please submit a completed hard copy if mailing and an electronic copy of the worksheet for each FoT the laboratory is seeking or amending accreditation. Submit the completed electronic worksheets and signed hard copy via email to (elapca@waterboards.ca.gov) (elapca@cdph.ca.gov) or by mail (diskette, CD, DVD). Submit the signed hard copy to ELAPB (address listed below).

PART G
OTHER PERTINENT INFORMATION (OPTIONAL)

Use a separate sheet of paper to provide any additional information about your laboratory that you feel may demonstrate laboratory competency, such as other certifications and proficiency testing programs in which your laboratory participates.

PART H
APPROVAL FOR SUBMISSION
(This Section must be completed and signed before the application will be accepted.)

TYPE OR PRINT: Name of Laboratory: ________________________________
Name of Owner or Owner’s Agent: ________________________________
Signature: ________________________________ Date: ________________

Return the completed application, quality assurance manual, Field of Testing worksheets, and the appropriate fee to:

ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM BRANCH (ELAP B)
850 Marina Bay Parkway, Building P, 1st Floor, MS 0511

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