

## Application for Accreditation Environmental Laboratory Accreditation Program

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

<b>PART A - LABORATORY INFORMATION</b>		
<b>1. Type of Application:</b>	<input type="checkbox"/> New	<input type="checkbox"/> Renewal <input type="checkbox"/> Amendment
	Certificate No.	Expiration Date:
<b>2. Name of Laboratory:</b>		
<b>3. Division:</b>		
<b>4. Laboratory Location / Address (Actual Location):</b>		
Street:		
City:	State:	Zip:
Country:	Country Code:	
<b>5. Laboratory Mailing Address (For mail delivery):</b>		
Street:		
City:	State:	Zip:
Country:	Country Code:	
<b>6. Laboratory Shipping Address (For sample delivery):</b>		
Street:		
City:	State:	Zip:
Country:	Country Code:	
<b>7. Telephone #:</b>	<b>8. FAX #:</b>	
<b>9. E-Mail Address:</b>	<b>10. Web Site:</b>	
<b>11. County (CA Only):</b>	<b>12. Water Quality Control Board Region #:</b>	
<b>13. Description of Laboratory Type (Check one):</b>		
<input type="checkbox"/> Commercial	<input type="checkbox"/> City	<input type="checkbox"/> Academic Institute
<input type="checkbox"/> Federal	<input type="checkbox"/> Public water system	<input type="checkbox"/> Hospital or health care
<input type="checkbox"/> State	<input type="checkbox"/> Public wastewater system	<input type="checkbox"/> Industrial (with NPDES permit only)
<input type="checkbox"/> County	<input type="checkbox"/> Recycling Facility	<input type="checkbox"/> Other (describe):
<b>14. Laboratory Director:</b>	Telephone #:	
<b>15. Contact Person:</b>	Telephone #:	
<b>16. Mail Recipient Name:</b>		
<b>17. Owner / Agents Name:</b>		

Environmental Laboratory Accreditation Program (ELAP)  
P.O. Box 100, Sacramento, CA 95812

**18. For Mobile Laboratories:**

Vehicle Make: \_\_\_\_\_

Model: \_\_\_\_\_

Vehicle ID #: \_\_\_\_\_

Vehicle License #: \_\_\_\_\_

State of Registration: \_\_\_\_\_

**PRIVACY NOTIFICATION**

The information in Part B (Personnel Qualifications) of this application is requested by the State Department of Public Health in compliance with the Information Practices Act of 1977. The authority for maintaining the requested information is California Code of Regulations, Title 22, Sections 64485 and 67605. This information is mandatory. Failure to provide all the necessary information may result in denial of the application for certification. The purpose of the personnel information is to verify the personnel qualifications required for the laboratory director and principal analyst(s). This information will not be disclosed except in accordance with the Information Practices Act of 1977. For more information or access to your records, contact ELAP.

**PART B – PERSONNEL QUALIFICATIONS: LABORATORY DIRECTOR**

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

**2. Title:**

**3. Education:**

Month/Year From - To	College/University	Major	Degree	Year Completed
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**4. Technical Training:**

Month/Year From - To	Technical Trade or Service School	Subject Certificate	Year Completed
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**5. Relevant Experience: (Last 5 years)**

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

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<b>7. Analyst Certificate(s):</b>	
<input type="checkbox"/> California-Nevada Section of the American Water Works Association (CA-NV/AWWA)	
Grade:	Expiration Date:
<input type="checkbox"/> California Water Environment Association (CWEA)	
Grade:	Expiration Date:

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

<b>PART B – PERSONNEL QUALIFICATIONS: PRINCIPAL ANALYST</b>				
<b>1. Name (Last, First, Middle initial):</b>				
<b>2. Title:</b>				
<input type="checkbox"/> Supervisor of Section:			Operates Device:	
<b>3. Education:</b>				
Month/Year From - To	College/University	Major	Degree	Year Completed
<b>4. Technical Training:</b>				
Month/Year From - To	Technical Trade or Service School	Subject Certificate	Year Completed	
<b>5. Relevant Experience: (Last 5 years)</b>				
Month/Year From - To	Name and Address of Employer		Job Title	
<b>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.</b>				
<b>7. Analyst Certificate(s):</b>				
<input type="checkbox"/> California-Nevada Section of the American Water Works Association (CA-NV/AWWA)				
Grade:		Expiration Date:		
<input type="checkbox"/> California Water Environment Association (CWEA)				
Grade:		Expiration Date:		

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**PART C – FIELDS OF TESTING**

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

<input type="checkbox"/>	E101	Microbiology of Drinking Water
<input type="checkbox"/>	E102	Inorganic Chemistry of Drinking Water
<input type="checkbox"/>	E103	Toxic Chemical Elements of Drinking Water
<input type="checkbox"/>	E104	Volatile Organic Chemistry of Drinking Water
<input type="checkbox"/>	E105	Semi-volatile Organic Chemistry of Drinking Water
<input type="checkbox"/>	E106	Radionuclides of Drinking Water
<input type="checkbox"/>	E107	Microbiological Methods for Non-Potable Water and Sewage Sludge
<input type="checkbox"/>	E108	Inorganic Constituents in Non-Potable Water
<input type="checkbox"/>	E109	Metals and Trace Elements in Non-Potable Water
<input type="checkbox"/>	E110	Volatile Organic Constituents in Non-Potable Water
<input type="checkbox"/>	E111	Semi-volatile Organic Constituents in Non-Potable Water
<input type="checkbox"/>	E112	Radionuclides in Non-Potable Water
<input type="checkbox"/>	E113	Environmental Toxicity Methods
<input type="checkbox"/>	E114	Inorganic Chemistry & Toxic Chemical Elements of Hazardous Waste
<input type="checkbox"/>	E115	Extraction Test of Hazardous Waste
<input type="checkbox"/>	E116	Volatile Organic Chemistry of Hazardous Waste
<input type="checkbox"/>	E117	Semi-volatile Organic Chemistry of Hazardous Waste
<input type="checkbox"/>	E118	Radionuclides in Hazardous Waste
<input type="checkbox"/>	E120	Physical Properties of Hazardous Waste
<input type="checkbox"/>	E121	Bulk Asbestos Analysis of Hazardous Waste
<input type="checkbox"/>	E124	Organic Chemistry of Pesticide Residues in Food (measurements by MS techniques)
<input type="checkbox"/>	E125	Organic Chemistry of Pesticide Residues in Food (excluding measurements by MS techniques)
<input type="checkbox"/>	E126	Microbiological Methods for Ambient Water
<input type="checkbox"/>	E127	Shellfish Sanitation
<input type="checkbox"/>	E129	Parasites in Potable Water

**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 € & (g)
- Not Exempt From Fees

**The Basic Fee is \$2268.00, and the Field of Testing Fee is \$1021.00.**

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

\$2268.00 + \_\_\_\_\_ = \$ \_\_\_\_\_

Base Fee + (Number of FoTs X \$1021) = Total Fee Amount

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

*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 your laboratory’s manual for the in-house quality assurance program with this application by e-mail to: [elapca@waterboards.ca.gov](mailto:elapca@waterboards.ca.gov)

**PART F – FIELD OF TESTING WORKSHEET**

Field of Testing (FoT) worksheets can be downloaded from [https://www.waterboards.ca.gov/drinking\\_water/certlic/labs/fot\\_forms.html](https://www.waterboards.ca.gov/drinking_water/certlic/labs/fot_forms.html). Submit the completed electronic worksheets and signed hard copy via email to ([elapca@waterboards.ca.gov](mailto:elapca@waterboards.ca.gov)).

**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.

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**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 to:  
[elapca@waterboards.ca.gov](mailto:elapca@waterboards.ca.gov).