APPLICATION FOR WATER QUALITY LABORATORY CERTIFICATION

Please answer all questions, and submit responses with any other pertinent information.

OUT-OF-STATE RENEWAL INFORMATION

1. Name of Laboratory __________________________________________________________

2a. Lab Certificate # _________ 2b. USEPA Lab #: ______________ 2c. FEIN#: _____________

3. Street address ________________________________________________________________

Mailing address (if different from above) __________________________________________

4. Telephone number ________________ FAX number ________________________________

5. Laboratory Director's Name ____________________________________________________

6. Person(s) in Charge of Water Quality Analysis, if other than Laboratory Director ______

7. QA/QC Officer’s Name __________________________ Telephone number ____________

*8. If applicable, submit a copy of the last on-site survey performed by your state certification program and / or the U.S. Environmental Protection Agency, including your corrective action response.

Please check appropriate answer: 

*9. Do you wish to maintain certification for the parameters you currently hold? 
   Yes ☐ No ☐

   Do you wish to delete any? ☐

   Do you wish to be considered for any new ones? ☐

   Fill out the attached List of Approved Tests, by choosing the parameter and listing method reference and edition or revision number.

   Include a current copy of your state/NELAP certificate and parameter list.

*10. Have any personnel changes occurred in the past year? ☐

    Please use the Training Qualification form to list transfers, additions, and deletions

*11. Are there any new analytical/technical level personnel in any of the work areas? ☐

    Are there any new supervisory personnel? ☐

    For all new employees, please complete and return signed copies of enclosed Personnel Registration form. (Should adequately document academic and/or employment history as suitable qualifications for the position).

* Indicates that attachments should be submitted with application.
Are you requesting certification for microbiology and/or chemistry and/or radiochemistry?  

* 12. - Please submit all performance evaluation results for the last 12 months.

13. When was your last certification onsite? ____________  □ Home State  □ EPA  □ NELAP

14. Does this laboratory hold certification in any other state? Please list state(s) in which certified: ___________________________  

15. Please send a check for $ 400.00 for the certification fee to the address on last page of application.

16. Please provide a contact person’s name and email address for your laboratory:

* Indicates that attachments should be submitted with application.

Mandatory attachments:

□ List of Approved Tests - Complete with method references and numbers.
□ Certificates - Current home state/NELAP certificate with parameter list.
□ PT results for microbiology/chemistry/radiochemistry - Performed within the last 12 months.

Additional attachments (if applicable):

□ Registration of Laboratory Personnel form - Completed and signed for all new personnel.
□ State, EPA or NELAP On-Site reports - Include corrective action response.
□ Equipment, instruments, facilities - List new acquisitions with pertinent information.
□ Training Qualification form - Use only if you have transfers, additions, or deletions

Attestation

I certify that the information provided in this application is true and complete and accurately describes the physical operation, staffing, methodology and quality assurance implemented in this laboratory according to the terms of its certification in the state in which it is located I understand that any intentional misrepresentation of any of the above information, for the purpose of obtaining certification, is a violation of Maryland regulations, which may result in a refusal of the application for certification or suspension or revocation of any existing certification. I further understand that a person who violates any of the laws and regulations governing water quality laboratory certification is guilty of a misdemeanor punishable by a fine or imprisonment or both.

Laboratory Director __________________________ Signature __________________________ Date ______________
Water Quality Laboratory Certification
Maryland Department of the Environment

FOR CERTIFICATION CORRESPONDENCE (No Checks):

Linda Ames
MDE – Water Supply Program
1800 Washington Blvd., Suite 450
Water Supply Program
Baltimore, MD 21230-1708
Phone Number: 410-537-3712
(In Maryland) 1-800-633-6101 (ext 3729)
Fax: 410-537-3157
Email: linda.ames@maryland.gov

FOR CERTIFICATION RENEWALS (Fee Payment Only):

Make checks payable to: Maryland Department of the Environment

Include a cover letter containing the following information:

- Date of check (If Different from Correspondence)
- Name of laboratory requesting certification
- Address of laboratory
- Name of contact
- Phone number of contact
- Maryland Laboratory Certification Number
- Amount of check
- Check number

Mail check and cover letter to:

Maryland Department of the Environment
P.O. Box 2057
Baltimore, MD 21203-2057

Renewal – Out-of-State Revised 01/2013

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