

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Water Supply Program
1800 Washington Blvd., Suite 450
Baltimore, Maryland 21230-1708

Office Use Only
Date Expires _____
Date Rec'd _____

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:

Yes No

- *9. Do you wish to maintain certification for the parameters you currently hold? Yes No
Do you wish to delete any? Yes No
Do you wish to be considered for any new ones? Yes No
- 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? Yes No
- 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? Yes No
Are there any new supervisory personnel? Yes No
- 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.

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- Yes** **No**
- *12. Are you requesting certification for microbiology and/or chemistry and/or radiochemistry?
- 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 _____

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**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