

STATE FISCAL YEAR 2005

New Jersey Department of Environmental Protection
Office of Quality Assurance

APPLICATION FOR CERTIFICATION OF ENVIRONMENTAL MEASUREMENTS

PART I
ADMINISTRATIVE INFORMATION

1. Check one box for the type of application request:

- Initial
Modification New Jersey ID#
Renewal New Jersey ID#

2. Check the applicable box for the type of application request:

- Environmental Laboratory Certification Program (ELCP)
National Environmental Laboratory Accreditation Program (NELAP)
Primary Accreditation
Secondary Accreditation (If checked, name the primary accrediting authority and submit the Primary State's Certificate and Accredited Analytical Testing List (AATPL) with this package)

Parameter

3. Name of Laboratory or Facility (As it should appear on the Certificate):

4. Mailing Address:

City: State: County: Zip Code:
Telephone #:
Facsimile #:

5. Physical address of laboratory (if different from above):

City: State: County: Zip Code:

6. Name of Contact Person
Telephone #
E-mail address:

7. Hours of Operation:

8. Name and Business Address of Owner:
City: State: Zip Code:

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9. Check the applicable code below that applies to your laboratory, environmental firm or company:

<u>SIC Code</u> <u>Description</u>	<u>SIC Code</u> <u>Description</u>
___3900 Miscellaneous Manufacturing Industry	___8734 Commercial Testing Laboratories
___4940 Water Supply (Drinking Water)	___9199 Federal Government including Military
___4952 Sewerage Systems	___9431 Administration of Public Health Programs
___8060 Hospital or Health-Care Facility	___9511 Air & Water Resources & Solid Waste Mgt
___8220 Colleges and Universities	___9994 Mobile Laboratory
___8711 Engineering Services	_____ Other

10. Check the applicable box that applies to your laboratory, environmental firm or company.

- Commercial - willing to perform work for the general public.
 Non-Commercial - not willing to perform work for the general public.

11. CERTIFICATION BY APPLICANT

The applicant understands and acknowledges that the laboratory is required to be continually in compliance with the New Jersey Department of Environmental Protection's rules, N.J.A.C. 7:18 Regulations Governing the Certification of Laboratories and Environmental Measurements and NELAC Standards where applicable and is subjected to the enforcement and penalty provisions provided therein.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of a fine or imprisonment or both, for submitting false, inaccurate, or incomplete information. (N.J.A.C. 7:18-1.9)

Print Name of Applicant Laboratory (Legal Name)	Certification ID# (if issued)
Signature of Manager or Lead Technical Director Date	Print Name of Manager or Lead Technical Director
Signature of Quality Assurance Officer Date	Print Name of Quality Assurance Officer

IMPORTANT - Review your package and mark with an "X" the following items that are included:

- ___ Part I Complete, signed and dated.
- ___ Part II See instructions.
- ___ Part III See instructions.
- ___ NELAP Primary State's Certificate & Accredited Analytical Testing Parameter List.
- ___ Fee Initial or Modification Fee mail to OQA. Renewal Fee Mail to NJ Dept of Treasury
- ___ Discrepancy Form -- Renewal application only

< **Send your completed application with the necessary supporting documentation to the following address:**

**New Jersey Department of Environmental Protection
Office of Quality Assurance
P.O. Box 424, 9 Ewing Street**

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Trenton, NJ 08625-0424

Inquires:

Phone (609) 292-3950