

State Fiscal Year 2021
New Jersey Department of Environmental Protection
Office of Quality Assurance

APPLICATION FOR CERTIFICATION OF ENVIRONMENTAL MEASUREMENTS

Part I
Administrative Information

Check the appropriate box for the changes requested:
[] Name [] Address
[] Phone/Fax Number
[] Contact Person
[] Responsible entity

1. New Jersey Laboratory ID#: _____

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

- [] State-Environmental Laboratory Certification Program (ELCP)
[] National Environmental Laboratory Accreditation Program (NELAP)
[] Primary Accreditation
[] Secondary Accreditation (If checked, name the Primary Accreditation Body and submit the Primary State's Certificate and Scope of Accreditation Analyte List with this package-Code the ACPL or Part III appropriately- refer to the instructions)

3. Name of Laboratory or Facility (As it should appear on the Certificate- maximum of 45 characters including spaces):

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: _____

Phone # / Cell Phone #: (_____) _____ / (_____) _____

E-mail address: _____

7. Days and Hours of Operation: _____

8. Name of Responsible Entity: _____

Address: _____

City: _____ State: _____ Zip Code: _____

9. Name of Owner: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Cell Number: _____
 Email Address: _____

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 TNI 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 Laboratory or Facility (Legal Name)

 Certification ID# (if issued)

 Signature of Applicant (reference N.J.A.C. 7:18-1.9(b)) Date

 Print Name of Applicant

 Signature of Quality Assurance Officer Date

 Print Name of Quality Assurance Officer

IMPORTANT - Review your package for the required documents and mail to the proper address:

- _____ Part I Mail to address below - See instructions
- _____ Part II Mail to address below - See instructions
- _____ Part III Mail to address below - See instructions
- _____ ACPL Mail to address below - See instructions
- _____ LPL Mail to address below - See instructions
- _____ **Fee Modification Fee**

Send your completed application with the necessary supporting documentation to the following address:
 New Jersey Department of Environmental Protection
 Office of Quality Assurance
 401 East State Street , P.O. Box 420, Mail Code 401-02D
 Trenton, NJ 08625-0420
 Inquires: Phone (609) 292-3950