

## APPLICATION FOR LABORATORY CERTIFICATION



**KENTUCKY  
DEPARTMENT  
FOR  
ENVIRONMENTAL  
PROTECTION**

*Mail completed form to:*  
**DIVISION OF WASTE MANAGEMENT  
 UNDERGROUND STORAGE TANK BRANCH  
 200 FAIR OAKS LANE, SECOND FLOOR  
 FRANKFORT, KENTUCKY 40601  
 (502) 564-5981  
<http://waste.ky.gov/ust>**

**FOR STATE USE ONLY**

### GENERAL INFORMATION

To be certified by the Underground Storage Tank Branch (USTB), laboratories shall show current accreditation by the American Association for Laboratory Accreditation (A2LA) OR a state National Environmental Laboratory Accreditation Program (NELAP) accrediting authority.

### TYPE OF APPLICATION

Lab Certification

Certification # \_\_\_\_\_

### APPLICANT INFORMATION

### LABORATORY INFORMATION

(If different than Applicant)

APPLICANT NAME:

LABORATORY NAME:

APPLICANT MAILING ADDRESS:

LABORATORY ADDRESS:

CITY:

STATE:

ZIP CODE:

CITY:

STATE:

ZIP CODE:

TELEPHONE NUMBER:

FAX NUMBER:

TELEPHONE NUMBER:

FAX NUMBER:

LEGALLY AUTHORIZED REPRESENTATIVE:

TELEPHONE NUMBER:

LEGALLY AUTHORIZED  
REPRESENTATIVE:

TELEPHONE NUMBER:

### LABORATORY CERTIFICATION DOCUMENTATION TO BE SUBMITTED

(If all documentation is not complete and submitted, a review will not be completed)

The approved analytical table(s) provided from either A2LA or NELAP accrediting authority for this applicant and the branch offices listed below (if applicable).

Evidence of accreditation from either A2LA or NELAP accrediting authority. If the application includes more than one (1) branch office, evidence of accreditation shall be attached for *each* branch office.

### LISTING OF ALL BRANCH OFFICES THAT ARE ACCREDITED BY A2LA or NELAP

(if applicable)

CONTACT NAME:	COMPLETE MAILING ADDRESS:	TELEPHONE NUMBERS:
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	

	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	

### LABORATORY CERTIFICATION

I THE UNDERSIGNED, FIRST BEING DULY SWORN, STATE, UNDER PENALTY OF LAW, THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I CERTIFY THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE.

PRINTED NAME OF APPLICANT (Or Authorized Representative):

TITLE:

SIGNATURE OF APPLICANT (Or Authorized Representative):

DATE:

#### FOR STAFF USE ONLY:

- Laboratory Certification Approved      Date: \_\_\_\_\_      Staff Signature: \_\_\_\_\_
- Laboratory Certification Denied      Date: \_\_\_\_\_      Date Laboratory Accreditation Expires: \_\_\_\_\_

If you have questions on how to fill out this form or to request a review of your site records, please contact the USTB at (502) 564-5981 or visit our website at <http://waste.ky.gov/ust>.

\*\*RETAIN A COPY OF THIS FORM FOR YOUR RECORDS\*\*