

Kentucky Department for Environmental Protection  
Division of Waste Management  
Underground Storage Tank Branch  
300 Sower Boulevard, Second Floor – Frankfort KY 40601  
(502) 564-5981

FOR OFFICIAL USE ONLY –  
DO NOT WRITE IN THIS SPACE

## UST Application for Laboratory Certification

### 1. Laboratory Information

Type of Application (mark one)	<input type="checkbox"/> New <input type="checkbox"/> Amended – provide Agency Interest (AI) #:		
Laboratory Name			
Laboratory Mailing Address	Street Address:		
	City:	State:	Zip Code: -
Laboratory Contact Information	Phone: ( ) -	Alternate Phone: ( ) -	
	Email:		
Legally Authorized Representative / Agent		Phone: ( ) -	Email:

### 2. Documentation of Certification (required)

- ☐ I have provided an approved scope of accreditation provided from either the American Association for Laboratory Accreditation (A2LA) or National Environmental Laboratory Accreditation Program (NELAP) accrediting authority for this applicant and the branch offices listed below (if applicable). ~~[The laboratory must be capable of using at least one (1) of the acceptable methods for each of the parameters listed in Table 7 and Table 8 in the UST Corrective Action Manual, incorporated by reference in 401 KAR 42:060.]~~
- ☐ I have provided a certificate of accreditation from either A2LA or NELAP accrediting authority. If the application includes more than one (1) branch office, evidence of accreditation for each branch office shall be included.

### 3. Accredited Branch Offices

Contact Name	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: -	( ) -

### 4. Certification

I, the undersigned, under penalty of law, certify 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.

Applicant or Authorized Representative / Agent	Printed		Title	
	Signature		Date	/ /

If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <https://eec.ky.gov/Environmental-Protection/Waste/underground-storage-tank/Pages/default.aspx>. For copies of UST facility records please visit <https://eec.ky.gov/pages/Open-Records.aspx> or email [ECC.KORA@ky.gov](mailto:ECC.KORA@ky.gov).

GENERAL INSTRUCTIONS  
**UST Application for Laboratory Certification**

Instructions provided are for the DWM 4283, UST Application for Laboratory Certification form. For any questions regarding any section of this form, please call the Division of Waste Management's Underground Storage Tank (UST) Branch. This form must be completed either by typing or by printing legibly with black ink.

All sections shall be completed to be accepted by the cabinet. If this form is not complete (including all required additional documentation) a deficiency letter will be sent to the laboratory for corrections. For any future changes in information, an amended application shall be submitted within thirty (30) days of any changes.

**Submit DWM 4283 form via mail, fax, or electronically:**

**Kentucky Department for Environmental Protection  
Division of Waste Management  
Underground Storage Tank Branch  
300 Sower Boulevard, Second Floor  
Frankfort, KY 40601  
Phone: (502) 564-5981  
Fax: (502) 564-0094**

<https://eec.ky.gov/Environmental-Protection/Waste/underground-storage-tank/Pages/default.aspx>

<b>Section</b>	<b>1.</b>	<b>Laboratory Information:</b> <ul style="list-style-type: none"><li>• <b>Type of Application</b> – Mark appropriate box indicating a new application or amended application. For an amended application, provide Agency Interest (AI) number.</li><li>• <b>Laboratory Name</b> – Enter the laboratory name.</li><li>• <b>Laboratory Mailing Address</b> – Enter laboratory mailing address, city, state, and zip code.</li><li>• <b>Laboratory Contact Information</b> – Enter a contact phone number, alternate phone number, and email address.</li><li>• <b>Legally Authorized Representative/Agent</b> – Enter the legally authorized representative or agent for the laboratory, and his or her phone number and email address.</li></ul>
<b>Section</b>	<b>2.</b>	<b>Documentation of Certification:</b> <ul style="list-style-type: none"><li>• Certify required documentation as indicated is provided with the application.</li></ul>
<b>Section</b>	<b>3.</b>	<b>Accredited Branch Offices:</b> <ul style="list-style-type: none"><li>• List all branch offices for the laboratory. Enter contact name, street address, city, state, zip code, and phone number for each branch office. Attach additional pages as necessary.</li></ul>
<b>Section</b>	<b>4.</b>	<b>Certification:</b> <ul style="list-style-type: none"><li>• The applicant or authorized representative or agent (i.e., owner, officer, director, or principal of the company or partnership) shall certify the information included on the application by printing name, title, and sign and date.</li></ul>