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| **APPLICATION FOR LABORATORY CERTIFICATION** |
|  | **KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION** | *Mail completed form to:***DIVISION OF WASTE MANAGEMENT UNDERGROUND STORAGE TANK BRANCH 300 SOWER BLVD, SECOND FLOOR FRANKFORT, KENTUCKY 40601****(502) 564-5981**[**http://waste.ky.gov/ust**](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 □ Evidence of accreditation from either A2LA or NELAP A2LA or NELAP accrediting authority for this applicant accrediting authority. If the application includes more****and the branch offices listed below (if applicable). 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:**  |  |
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|  | **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.**](http://waste.ky.gov/ust) |

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