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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:** | | | | | | | |  | | |
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|  | **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\*\*