

# State Water Resources Control Board

**APPLICATION FOR INITIAL ACCREDITATION**

**Environmental Laboratory Accreditation Program**

This application is ***for use by laboratories geographically located in California*** ***seeking initial accreditation*** under the California Environmental Laboratory Accreditation Act (Chapter 4 commencing with Section 100825, Part 1, Division 101, of the California Health & Safety Code).

**PART A – LABORATORY INFORMATION**

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| **Name of Laboratory**: |
| **Laboratory Address** *(physical location):* |
| Street: |
| City: State**:** CA Zip: |
| **Laboratory Mailing Address** *(if different from physical location):* |
| Street: |
| City: State: Zip: |
| County: |
| **Is this a Mobile Laboratory?**  Yes  No  **If this is a Mobile Laboratory:**  Vehicle Make:  Vehicle License #:  Model:  State of Registration:  Vehicle ID #: |

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| **Laboratory Owner**: |
| **Laboratory Contact Person**: |
| **Contact Email**: |
| **Contact Phone Number**: |
| **Laboratory Type** *(select one):*  Commercial  Federal  State  County  City  Public water system  Public wastewater system  Recycling Facility  Academic Institute  Hospital or health care  Industrial (with NPDES permit only)  Other: |
| **State Regulatory Agency the Laboratory Reports to** *(select all that apply):*  Division of Drinking Water  State Water Resources Control Board  Regional Water Quality Control Board(s):  Department of Toxic Substances Control  Department of Conservation  Other: |
| **Number of Full-time Technical Employees**: |
| **Number of Part-time Technical Employees**: |

**PART B – PERSONNEL**

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| **Technical Manager**: |
| **Qualifications** *(include copies of applicable degrees and/or Laboratory Analyst/Water Quality Analyst Certificates):*  CCR 64812.00 (a) – Education + Experience  CCR 64812.00 (b) – CWEA Laboratory Analyst Certification  Grade: Expiration Date:  CCR 64812.00 (b) – CA-NV AWWA Water Quality Analyst Certification  Grade: Expiration Date: |
| **Quality Manager** *(if applicable):* |

**PART C – QUALITY MANUAL**

Submit an electronic copy of the laboratory Quality Manual. The Quality Manual must meet the requirements of the 2016 TNI Standard Volume 1 – Revision 2.1, Module 2, Section 4.2.8.3 and 4.2.8.4.

**PART D – FIELD(S) OF ACCREDITATION TABLES**

Populate the Field(s) of Accreditation Tables for which the laboratory is seeking accreditation by placing a (Y) in the appropriate column. Submit the Field(s) of Accreditation Tables in two formats:

1. Electronic Copies: Print the populated Field(s) of Accreditation Tables, sign the bottom of the first page of each Table, scan, and submit electronically.
2. Excel Copies: Submit the populated Field(s) of Accreditation Tables as Excel files so that ELAP can directly upload the requested Field(s) of Accreditation to ELAP’s database.

**PART E – PROFICIENCY TESTING**

Submit electronic copies of the laboratory’s Proficiency Testing study results with acceptable scores for each Field(s) of Accreditation in the application. Proficiency Testing must meet the requirements of CCR, Section 64802.15.

For laboratories seeking accreditation for aquatic toxicity testing, include a current reference toxicant control chart for each method, species, and endpoint.

**PART F – ON-SITE ASSESSMENT**

Submit electronic copies of documentation from the laboratory’s On-Site Assessment that complies with the requirements of CCR, Section 64802.20. Use the checklist below to ensure submittal of all required documents.

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| **Date of On-Site Assessment**: |
| **Assessment Performed By**:  ELAP  Third-Party Assessment (TPA) Agency  Organization Name: |
| **Checklist of Required Documents**:  Completion Letter  On-Site Assessment Report (OSAR)  Approved Corrective Action Plan (CAP)  Assessment Checklists (for TPA assessment only)  Laboratory’s Previous Corrective Action Plan |

**PART G – APPLICATION FEE TABLE MUST BE COMPLETED OR APPLICATION WILL BE RETURNED**

Each laboratory is required to pay a nonrefundable application fee, due at the time of submittal of the application. The application fee is comprised of two components:

1. **Base fee** – $4,030
2. **Per Field of Accreditation (FOA) fee** – Count the number of individual subgroups in the Field(s) of Accreditation Tables for which you are seeking accreditation to determine which Tier applies. Select only one Tier price in the table below. You do not have to pay the fees for any Tiers falling outside of the one that applies to your laboratory.

*FEE CALCULATOR – MUST BE COMPLETED*

Use the table below to calculate your total Initial Application Fee. The base fee has been filled in for you because it applies to all laboratories. Fill in only one Tier price and add it to the base fee to determine your total Initial Application Fee.

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| **Fee Component** | **Price** | **My Cost** |
| Base Fee | $4,030 | **$4,030** |
| Field of Accreditation (FOA) Fee | -- |  |
| Tier 1 – 1-10 FOAs | $585 |  |
| Tier 2 – 11-49 FOAs | $1,495 |  |
| Tier 3 – 50-99 FOAs | $4,485 |  |
| Tier 4 – 100-149 FOAs | $7,475 |  |
| Tier 5 – 150-249 FOAs | $10,465 |  |
| Tier 6 – 250-349 FOAs | $13,455 |  |
| Tier 7 – 350+ FOAs | $13,455 |  |
| **Total Initial Application Fee** |  |  |

*HOW TO PAY*

Option 1: Online Payments (via Visa, MasterCard, or Discover):

Visit : <https://www.waterboards.ca.gov/make_a_payment/>

Option 2: Manual payments (via check, money order, or cashier’s check):

1. Make your payment payable to the State Water Resources Control Board
2. Remit payment to one of the following addresses:

**State Water Resources Control Board Accounting Department**ATTN: ELAP FEES  
PO Box 1888  
Sacramento, CA 95812-1888

*Or*

**State Water Resources Control Board Accounting Department**ATTN: ELAP FEES  
1001 I Street, 18th Floor  
Sacramento, CA 95814  
(physical address for courier services)

**PART H – CERTIFYING SIGNATURES**

The Technical Manager and Quality Manager below certify that the information contained in the application is true and accurate, and affirm the laboratory’s commitment to compliance with the Environmental Laboratory Accreditation Act and its regulations (California Code of Regulations, title 22, chapter 19, articles 1 through 7):

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| **Name of Technical Manager**: |
| Signature: Date: |
| **Name of Quality Manager** *(if designated):* |
| Signature: Date: |

The owner, owner’s agent, or corporate officer authorized to act on behalf of the laboratory, is authorized to sign and submit this document and certifies that all information contained within is true and accurate.

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| **Name of Representative Submitting Application**: |
| Signature: Date: |

***For ELAP Admin use ONLY***

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| Application Number: |
| Date Submitted: |
| Date Returned to Laboratory (if incomplete): |
| Date Complete: |
| Comments: |