

Application for Certification Environmental Laboratory Accreditation Program

This application is for laboratories seeking certification under the California Environmental Laboratory Improvement Act (Chapter 4 commencing with Section 100825, Part 1, Division 101 of the California Health And Safety Code)

PART A LABORATORY INFORMATION

For Environmental Laboratory Accreditation Program Application, please enter in the Application Number field:

- **EA**
- The first four letters of the facility name
- The month and day the application was signed.

For facility name with less than four letters, please use 0 (zero) as place holder(s).

Application Number = **EASMIT0415**

1. Type of Application: New [X] Renewal [] Amendment []
Certificate No. _____ Expiration Date: _____

2. Name of Laboratory: Smith Environmental Laboratory

3. Division: _____

4. Laboratory Location / Address: (Actual Location)
Street: 1234 First Street
City: Any Town
Country: Any Country

5. Laboratory Mailing Address: (For mail delivery)
Street: Same as location
City: _____ State: _____ Zip: _____
Country: _____ Country Code: _____

6. Laboratory Shipping Address: (For sample delivery)
Street: Same as location
City: _____ State: _____ Zip: _____
Country: _____ Country Code: _____

7. Telephone #: 916-123-4567 8. FAX #: _____

9. E-Mail Address: Smith.Lab@email.com 10. Web Site: _____

11. County (CA only): _____ 12. Water Quality Control Board Region #: _____

13. Description of Laboratory Type: (Check one)
 Commercial City Academic Institute
 Federal Public water system Hospital or health care
 State Public wastewater system Industrial (an industry with discharge permit)
 County Recycling Facility Other (describe) _____

14. Laboratory Director: _____ Telephone #: _____

15. Contact Person: _____ Telephone #: _____

16. Mail Recipient Name: _____

17. Owner / Agents Name: _____

18. For Mobile Laboratories:
Vehicle Make: _____ Model: _____ Vehicle ID #: _____
Vehicle License No.: _____ State of Registration: _____

(for ELAPB office use only)

Application Number: _____ Amount Received: _____ Date Received: _____