

[5] Fill in the date of approval for laboratory plans: _____

[6] Check one box.

Since lab plans were approved:

- No modifications were made.
- Ohio EPA approved modifications were made.
- Revised lab plans have been submitted for approval.

[7] Fill in the date of the most recent acceptable 'PT' test results: _____

[8] Check the applicable box(es).

Application for: Initial Renewal Add Analyst(s) Add Test(s)

[9] Fill in the date that certification expires: _____

[10] Quality assurance/quality control plan included with this application? No Yes
(Required for a three year renewal)

[11] **OATH**

I certify that all of the statements made on this application are true, complete and correct to the best of my knowledge and belief and are made in good faith. In addition, all PT test results will be based on analyses performed by employees of this laboratory, who are approved or applying for approval.

Signature of applicant: _____ Date: _____

Title of applicant: _____ Laboratory Certification #: _____

Send completed applications to: Ohio Environmental Protection Agency
Division of Environmental Services
Laboratory Certification Section
8955 East Main Street
Reynoldsburg, OH 43068

NOTICE

Incomplete or illegible applications will be returned with no action taken.

Unless previously paid, submission of the three year survey fee payment is required within 30 days after the application has been determined to be complete.