

Date Received: \_\_\_\_\_

Application No.: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Certification No.: \_\_\_\_\_

Date Denied: \_\_\_\_\_

Date Paid: \_\_\_\_\_

FOR VAP USE ONLY



Division of Environmental Response and Revitalization  
Voluntary Action Program (VAP)

**VAP Laboratory Certification Form #3  
Additional Certification Application  
for  
Mobile and Fixed-base Certified Laboratories**

*Please type or print the required information in the spaces provided. Additional pages may be attached in order to provide complete information. For guidance on completing this application, please refer to the **Instructions on How to Apply for Additional Certification for Mobile or Fixed-Base Certified Laboratories**, and rule 3745-300-04 of the Ohio Administrative Code (OAC).*

**SECTION A**

**GENERAL INFORMATION**

1. Laboratory Name and Street Address. *Provide the full legal name.*

Laboratory Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Other Names currently d.b.a.: \_\_\_\_\_

3. Certification Number \_\_\_\_\_

4. Mailing Address (*if different from Item 1 above*).

Street Address or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. Telephone Number (\_\_\_\_ \_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax Number (\_\_\_\_ \_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

6. Owner(s) and Mailing Address. Specify the person(s), or entities owning the laboratory. *If there is more than one owner, please list additional owners on a separate page.*

Owner Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

7. Name of Laboratory Manager \_\_\_\_\_

Email address \_\_\_\_\_

Name of Quality Assurance Manager/Officer \_\_\_\_\_

Email address \_\_\_\_\_

**SECTION B**

**AUTHORIZATION AND LEGAL HISTORY UPDATE**

1. Provide the name, title, and signature of the person(s) authorized to sign Affidavits on behalf of the laboratory as required by Ohio Revised Code Section 3746.20 and OAC rules 3745-300-04 and 3745-300-13. *If needed, attach a separate page.*

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

2. Has the laboratory ever had a certification suspended or revoked in whole or in part by any state or federal laboratory certification program?

Check either: Yes\_\_\_\_ No\_\_\_\_ *If yes, explain the circumstances on a separate attached page.*

3. Has the laboratory ever had a criminal or civil judgment against it for fraud, deceit, misrepresentation, forgery, or for professional errors, negligence, incompetence, or professional malpractice in the conduct of laboratory operations?

Check either: Yes\_\_\_\_ No\_\_\_\_ *If yes, explain the circumstances on a separate*

*attached page.*

4. Is the laboratory, Laboratory Manager, Quality Assurance Manager/Officer, or any other officer the subject of any past or pending disciplinary actions regarding the performance of the laboratory, or the performance of any laboratory?

Check either: Yes \_\_\_\_ No \_\_\_\_ *If yes, explain the circumstances on a separate attached page.*

5. Has the Laboratory Manager, Quality Assurance Manager/Officer, or any other officer ever had a criminal or civil judgment against him/her for an action involving fraud, deceit, misrepresentation, forgery, or for professional errors, negligence, incompetence or professional malpractice in the conduct of laboratory business?

Check either: Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, explain the circumstances on a separate attached page.*

## **SECTION C**

### **TABLES FOR LISTING ANALYTES, PARAMETER GROUPS, AND METHODS**

List in Table 1, the analyte, parameter groups, and methods for which the laboratory is applying for additional certification. For mobile laboratories, please include the Vehicle Identification Number (VIN).





**SECTION D**

**AFFIDAVIT**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss:

I, \_\_\_\_\_ [*insert name of Affiant*] being first duly sworn according to law deposes and state that upon my knowledge, information and belief:

1. I am an adult over the age of eighteen (18) years old and competent to testify herein.
2. All statements made in this Application for Additional Certification for \_\_\_\_\_ [*insert name of laboratory or, name of mobile laboratory, VIN*], Voluntary Action Program (VAP) CL no. \_\_\_\_\_ [*insert CL number*], including all documents attached hereto and submitted in support of the Application, are true, accurate and complete.

Further Affiant sayeth naught.

\_\_\_\_\_  
Signature of Affiant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

seal:

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_

## SECTION E

### **SUBMISSION OF THE APPLICATION, DOCUMENTATION, AND PAYMENT INFORMATION**

Please submit the application and documentation listed in OAC rule 3745-300-04(D). The laboratory will be invoiced the actual costs incurred by the agency for the review of the application and associated documentation, including the agency's time for conducting a system audit, if needed. Payment of all costs must be made before a certification will be issued by the agency.

Ohio Environmental Protection Agency  
Division of Environmental Response and Revitalization  
*Site Assistance & Brownfield Revitalization (SABR)*  
Lazarus Government Center  
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