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 #1
Initial Certification Application
for
Fixed-base 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 Initial Certification for Fixed-base 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. Mailing Address (*if different from Item 1 above)*.

Street Address or P.O. Box_____

City_____State_____Zip_____

4. Telephone Number (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

Fax Number (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

5. 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 _____

6. Name of Laboratory Manager_____

Email address_____

Name of Quality Assurance Manager/Officer_____

Email address_____

SECTION B

LABORATORY HISTORY

1. List all previous business or legal names used by the laboratory and its affiliates within the last five years. *Attach a separate page, if needed.*

a._____

b._____

c._____

d._____

SECTION C

AUTHORIZATIONS AND LEGAL HISTORY

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 D

TABLES FOR LISTING
ANALYTES, PARAMETER GROUPS, AND METHODS

List in Table 1, the analytes, parameter groups, and methods for which the laboratory is applying for initial certification.

TABLE 1

ANALYTE ***or*** ***PARAMETER GROUP***	***METHOD NUMBER(S)***
For example: *Arsenic*	*6010A*

TABLE 1

ANALYTE or PARAMETER GROUP	METHOD NUMBER(S)

SECTION E

AFFIDAVIT

State of _____)
) ss:
County of _____)

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. I am employed as _____[*insert job title*] with _____[*insert name of laboratory*], located at _____[*insert address of the lab facility for the certification*] (the "laboratory"). Further, I am authorized to submit this Application for Initial Certification on behalf of the laboratory.

3. All statements made in this Application, 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 F

SUBMISSION OF THE APPLICATION, DOCUMENTATION, AND FEE

Please submit the application, documentation, and check or money order to the address provided below.

Ohio Environmental Protection Agency
Division of Environmental Response and Revitalization
Site Assistance & Brownfield Revitalization (SABR)
Lazarus Government Center
50 West Town Street
Suite 700
Columbus, Ohio 43215