

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 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