



Ohio EPA Office Use Only			
Application ID:		Approved:	/ /
Received:	/ /	Fee Applied:	
Revenue ID:			

## Pesticide-SOC Application for Certification

Application for (check applicable boxes):

Initial
  Renewal
  Add Analyst(s)
  Add Method(s)

Name of Laboratory:							
Laboratory Certification Number:							
Mailing Address:							
City:		State:		Zip:		-	
Laboratory Address:							
City:		State:		Zip:		-	
Phone Number:	( ) -	Extension:		Fax Number:	( ) -		
Email Address:				County:			
Ohio EPA District:							
Name of Primary Contact for the Laboratory:							
		<i>First</i>	<i>Middle Initial</i>	<i>Last</i>			
Date Laboratory Certification Expires:		/ /					

### NOTICE

In order to be processed, the most current version of the application must be used, and it must be complete and legible. The most current version is located on our website at <https://epa.ohio.gov/ddagw/labcert>. After acceptance of this application, an invoice will be generated. Additionally, the lab must have copies of all referenced methods and an acceptable SOP.

**Analyst Information:**

- List analyst name and analyst number.
- Mark NEW if an analyst is new to this laboratory or is adding methods.
- Identify the method(s) for which each analyst is seeking certification.

*The abbreviated test methods and analytes are listed below. Check the appropriate analytes for which certification is being requested.*

Analyst Name	Analyst Number	New	EPA 504.1	EPA 505	EPA 506	EPA 507	EPA 508 508.1	EPA 508 A	EPA 515.1 515.2 515.3 515.4	EPA 525.2 525.3	EPA 531.1 531.2	EPA 547	EPA 548.1	EPA 549.2	EPA 551.1	EPA 555	EPA 1613
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Method Number	Analytes <sup>1</sup>	Method Number	Analytes <sup>1</sup>
EPA 504.1	<input type="checkbox"/> EDB <input type="checkbox"/> DBCP <input type="checkbox"/> 1,2,3-TCP	EPA 515.2 EPA 555	<input type="checkbox"/> 2,4,5-TP (Silvex) <input type="checkbox"/> 2,4-D <input type="checkbox"/> Dinoseb <input type="checkbox"/> Pentachlorophenol <input type="checkbox"/> Picloram
EPA 505 EPA 551.1	<input type="checkbox"/> Alachlor <input type="checkbox"/> Atrazine <input type="checkbox"/> Endrin <input type="checkbox"/> Heptachlor <input type="checkbox"/> Heptachlor Epoxide <input type="checkbox"/> Hexachlorobenzene <input type="checkbox"/> Hexachlorocyclopentadiene <input type="checkbox"/> Lindane <input type="checkbox"/> Methoxychlor <input type="checkbox"/> Simazine	EPA 525.2 EPA 525.3	<input type="checkbox"/> Alachlor <input type="checkbox"/> Atrazine <input type="checkbox"/> Benzo[a]Pyrene <input type="checkbox"/> Di(2-ethylhexyl)adipate <input type="checkbox"/> Di(2-ethylhexyl)phthalate <input type="checkbox"/> Simazine
EPA 506	<input type="checkbox"/> Di(2-ethylhexyl)adipate <input type="checkbox"/> Di(2-ethylhexyl)phthalate	EPA 531.1 EPA 531.2 EPA 6610	<input type="checkbox"/> Carbofuran <input type="checkbox"/> Oxamyl
EPA 507	<input type="checkbox"/> Alachlor <input type="checkbox"/> Atrazine <input type="checkbox"/> Simazine	EPA 547	<input type="checkbox"/> Glyphosate
EPA 508	<input type="checkbox"/> Chlordane <input type="checkbox"/> Endrin <input type="checkbox"/> Heptachlor <input type="checkbox"/> Heptachlor Epoxide <input type="checkbox"/> Hexachlorobenzene <input type="checkbox"/> Hexachlorocyclopentadiene <input type="checkbox"/> Lindane <input type="checkbox"/> Methoxychlor <input type="checkbox"/> PCBs as Arochlors <input type="checkbox"/> Toxaphene	EPA 548.1	<input type="checkbox"/> Endothall
EPA 508.1	<input type="checkbox"/> Alachlor <input type="checkbox"/> Atrazine <input type="checkbox"/> Chlordane <input type="checkbox"/> Endrin <input type="checkbox"/> Heptachlor <input type="checkbox"/> Heptachlor Epoxide <input type="checkbox"/> Hexachlorobenzene <input type="checkbox"/> Hexachlorocyclopentadiene <input type="checkbox"/> Lindane <input type="checkbox"/> Methoxychlor <input type="checkbox"/> PCBs as Arochlors <input type="checkbox"/> Simazine <input type="checkbox"/> Toxaphene	EPA 549.2	<input type="checkbox"/> Diquat
EPA 508 A	<input type="checkbox"/> PCBs as decachlorobiphenyl	EPA 1613	<input type="checkbox"/> 2,3,7,8-TCDD (Dioxin)
EPA 515.1 EPA 515.3 EPA 515.4	<input type="checkbox"/> 2,4,5-TP (Silvex) <input type="checkbox"/> 2,4-D <input type="checkbox"/> Dalapon <input type="checkbox"/> Dinoseb <input type="checkbox"/> Pentachlorophenol <input type="checkbox"/> Picloram	SM 6651	<input type="checkbox"/> Glyphosate

<sup>1</sup> Reference OAC Rule 3745-81-27 for approved methods and associated analytes.

**OATH**

I certify that all of the information included on this application is true, complete and correct to the best of my knowledge and belief and are made in good faith. I affirm the right of the Ohio Environmental Protection Agency to inspect the laboratory, its operations and pertinent records. I agree the personnel to be approved will analyze applicable unknown performance samples provided at the time of the survey and will report the values within a time period designated by the Laboratory Certification Officer.

Signature of Primary Contact for Laboratory:		Date:	/	/
Title of Primary Contact for Laboratory:				

Send completed applications to:

[DWLabCert@epa.ohio.gov](mailto:DWLabCert@epa.ohio.gov)