

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).

TABLE 1

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 to the address provided below.

Ohio Environmental Protection Agency
Division of Environmental Response and Revitalization
Voluntary Action Program – Lab Coordinator
Lazarus Government Center
50 West Town Street
Suite 700
Columbus, Ohio 43215

Alternatively, application materials can be submitted electronically through Ohio EPA's eBusiness Center at <https://ebiz.epa.ohio.gov>.

Please contact Chelsea Lamoreaux at (614) 644-2285 with any questions.

[Comment: At the beginning of each calendar year, certified laboratories will receive an invoice from the agency for the payment of the \$500.00 annual fee.]