



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

## Microbiological 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>			
Email Address to Send Invoices:							
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/divisions-and-offices/drinking-and-ground-waters/public-water-systems/laboratory-certification>. After acceptance of this application, an invoice will be generated. Additionally, the lab must have copies of all referenced methods and an acceptable SOP, or the most current version of the Ohio EPA lab certification manual.

**Analyst Information:**

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

*If the method is not listed, choose **OTHER** and then list the method in the box below.*

Analyst Name and Number	Certified	Operationally Certified	New	MMO-MUG (SM 9223-B)			QUANTI-TRAY (SM 9223-B)			Membrane Filtration	Other
				COLLERT 24	COLLERT 18	COLISURE	COLLERT 24	COLLERT 18	COLISURE	EC MUG SM 9222 B and G	
	<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"/>
Other:											

**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)