



Application for Laboratory Accreditation

Laboratory Accreditation Program • P.O. Box 1677 • Oklahoma City, OK 73101-1677 • (405) 702-1000

A. DEQ Laboratory Accreditation Program Identification Number:
(For Office use ONLY)

B. Name of Laboratory or Facility:
Area Code/Telephone #:

Area Code/Telefax #:

(____) _____

(____) _____

C. Contact Person for the Laboratory Accreditation Program:

Name

Title

D. Location: (Street Address):

Address

City

State

Zip

E. Mailing Address: (if different than above, i.e. P.O. Box):

Address

City

State

Zip

Invoicing/Billing Address:

Billing Address is the same as:

Street address

Mailing Address

Proficiency sample receiving address

F. General Information:

Latitude _____

Longitude _____

Hours of Operation:

Days: _____

Time: _____

EPA Laboratory Identification Number:

Email Address: _____

Website: _____

If none of the above apply, enter your billing address below.

Address City State Zip + (Four)

Attention:

Name Title

I. Categories Requested for Accreditation:

Check all categories of parameters performed at the above facility for which you are requesting accreditation.

- | | |
|---|---|
| <input type="checkbox"/> Metals | <input type="checkbox"/> Microbiology |
| <input type="checkbox"/> Nutrients | <input type="checkbox"/> Pesticides-Herbicides-PCBs |
| <input type="checkbox"/> Demands | <input type="checkbox"/> Purgeable Organics |
| <input type="checkbox"/> Extractable Organics | <input type="checkbox"/> Radiological |
| <input type="checkbox"/> General Chemistry I | <input type="checkbox"/> Bioassay |
| <input type="checkbox"/> Perchlorate | <input type="checkbox"/> Petroleum Hydrocarbon |
| <input type="checkbox"/> Hazardous Waste Characterization | <input type="checkbox"/> General Chemistry II |
| <input type="checkbox"/> Basic Environmental Laboratory* | <input type="checkbox"/> No Change to current field of testing status |

*only applies to small Laboratories wishing a limited scope of accreditation.

J. Laboratory Type: (check one) Commercial Industrial

K. Additional Contact Information: _____

L. Verification:

This is to certify that the information provided on this form and on the attachments is true, accurate, and complete to the best of my knowledge. In addition to any other appropriate enforcement action, any willful misrepresentation of the information submitted to the Department shall result in denial or revocation of accreditation.

Owner/Responsible Officer's Name
() _____
Telephone Number

Title

Extension

Signature

Date

Title