

# Form 107: Environmental Laboratory Application for Approval

INSTRUCTIONS: Complete all applicable sections of the form, attach requested documents, and return by mail, fax [(518) 485-5568], or email ([elap@health.ny.gov](mailto:elap@health.ny.gov)).

**For office use only**

LAB ID: \_\_\_\_\_

TYPE: G \_\_\_\_ I \_\_\_\_ C \_\_\_\_

## Section A: General Information

New laboratories see NYS ELAP Certification Manual Items for accreditation requirements at <https://www.wadsworth.org/regulatory/elap/requirements-for-laboratory-certification-certification>.

For questions related to the application, contact [elap@health.ny.gov](mailto:elap@health.ny.gov). For existing laboratories, include your NYS ELAP ID in the subject line of the email.

### A.1. LABORATORY INFORMATION

LABORATORY NAME \_\_\_\_\_

LABORATORY ID \_\_\_\_\_

US EPA LAB CODE \_\_\_\_\_ (Applies to labs testing NPW and/or PW samples)  N/A If your laboratory is testing Potable water (PW) or non-potable water (NPW) samples and you do not already have an EPA ID, then contact [dwlabsID@epa.gov](mailto:dwlabsID@epa.gov)

PRIMARY ACCREDITING AUTHORITY (if other than New York)  N/A

FEDERAL EMPLOYER ID \_\_\_\_\_

FOR NEW APPLICANTS: Will analysis be performed on NYS samples?  YES  NO

### A.2. OWNER TYPE

For existing laboratories, check if no change.

- Municipal
- County
- State
- Federal

- Private
- Partnership
- Chapter S Corporation
- Privately Owned Corporation

- Publicly Owned Corporation
- Public Benefit Corporation
- Governmental Corporation
- If Other, please specify (e.g., Mobile): \_\_\_\_\_

Laboratory telephone ( ) \_\_\_\_\_ -- \_\_\_\_\_

Laboratory FAX ( ) \_\_\_\_\_ -- \_\_\_\_\_

Laboratory e-mail \_\_\_\_\_

- Attach Quality Manual for all new applications. New secondary applicants also attach the most recent assessment report, responses, and current certificate.

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**A.3. HOURS OF OPERATION/LOCATION**

For existing laboratories, check if no change.

Please indicate days in operation and enter business hours.

|       | Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|-------|-----|-----|------|-----|-------|-----|-----|
| From: |     |     |      |     |       |     |     |
| To:   |     |     |      |     |       |     |     |

**Mailing Address**

Number & Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ - \_\_\_\_\_

NYS County \_\_\_\_\_ Country \_\_\_\_\_

**Laboratory Location Address  Same as Mailing Address**

Number & Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ - \_\_\_\_\_

NYS County \_\_\_\_\_ Country \_\_\_\_\_

**Billing Address  Same as Mailing Address**

Number & Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ - \_\_\_\_\_

NYS County \_\_\_\_\_ Country \_\_\_\_\_

Please provide name of **Accounts (Payable) Manager** \_\_\_\_\_

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**A.4. Owner Information**

For existing laboratories, check if no change.

Owner's Name: \_\_\_\_\_

Number & Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ - \_\_\_\_\_

NYS County \_\_\_\_\_ Country \_\_\_\_\_

Are there additional owners of 10% or more? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide a list of all additional owners on a separate sheet and attach it to this application.

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**A.5 LABORATORY CLASSIFICATION**

For existing laboratories, check if no change.

- Water Treatment Facility
- Sewage Treatment Facility
- Industrial Waste Treatment
- Commercial or fee for service

- Hospital or Health Care Facility
- Mobile Laboratory
- Academic Laboratory
- Other (describe) \_\_\_\_\_

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**END OF SECTION A**

**Section B: Laboratory Personnel**

For existing laboratories, check if no change.

Attach copies of pages 5 -7 as necessary for each person designated to a specific role listed below. Please specify the area you will be directing next to the lead technical director or technical director.

**B.1. PERSONNEL APPROVAL (Check approval requested)**

- Lead Technical Director
- Technical Director (if applicable)
- Quality Assurance (QA) Officer
- Critical Agents Analyst
- ADS Operator

**Title (Select only one)**

- Ph.D.  Ms.
- M.D.  Mr.
- Other \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_ --- \_\_\_\_\_ Extension No. \_\_\_\_\_

Hours On-Site: Indicate work hours.

|       | Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|-------|-----|-----|------|-----|-------|-----|-----|
| From: |     |     |      |     |       |     |     |
| To:   |     |     |      |     |       |     |     |

**B.2. COMPETENCE held by Personnel listed in Section B.1.**

Please reference Certification Manual Item No. 140 - Personnel Requirements at <https://www.wadsworth.org/regulatory/elap/requirements-for-laboratory-certification-certification>.

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> 2 yrs College + 16 Credits Chemistry</li> <li><input type="checkbox"/> 4 yrs College + 24 Credits Chemistry</li> <li><input type="checkbox"/> 4 yrs College + 16 Credits Biology includes Micro and/or WETT</li> <li><input type="checkbox"/> Industrial Treatment Plant Operator</li> <li><input type="checkbox"/> Microbiology Critical Agents Analyst</li> <li><input type="checkbox"/> 2 yrs College + 4 Credits in Microbiology</li> <li><input type="checkbox"/> Asbestos (PLM) – 2 yrs College + Specialized Course</li> <li><input type="checkbox"/> Fibers (PCM) – 2 yrs College + Specialized Course</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> QA/QC Documented Training/Experience</li> <li><input type="checkbox"/> Radiochem – 4 yrs College + 24 Credits Chemistry</li> <li><input type="checkbox"/> Radon – 2 yrs College</li> <li><input type="checkbox"/> Radon (CRM) – H.S. Diploma + Specialized Course</li> <li><input type="checkbox"/> Sewage Treatment Plant Operator License</li> <li><input type="checkbox"/> Asbestos (TEM) – 4 yrs College + Specialized Course</li> <li><input type="checkbox"/> Drinking Water Treatment Plant Operator License</li> <li><input type="checkbox"/> ADS Documented Training/Experience</li> </ul> |
|---|---|

Complete page 6 and 7 for each individual with credential requirements.

- Enclosed candidates resume/CV, applicable certificates, licenses, and transcripts. (All candidate applications must include supporting documents to be considered for review.)

| <b>B.3. EDUCATION</b>  |                 |          |       |                             |              |         |  |
|--|-----------------|----------|-------|-----------------------------|--------------|---------|--|
| <b>Attach appropriate degree, diploma, certificate, and/or transcripts of grades to application.</b> |                 |          |       |                             |              |         |  |
| Name and location (City, State, and Country) of institution.   | Period Attended |          | Major | Total Semester Credit Hours |              |         | Degree, Diploma, or Certificate Awarded<br><br>Mo/Yr Awarded |
|  | From Mo/Yr      | To Mo/Yr |       | Chemistry                   | Microbiology | Biology |  |
|  |                 |          |       |                             |              |         |  |
|  |                 |          |       |                             |              |         |  |
|  |                 |          |       |                             |              |         |  |
|  |                 |          |       |                             |              |         |  |
|  |                 |          |       |                             |              |         |  |
|  |                 |          |       |                             |              |         |  |
|  |                 |          |       |                             |              |         |  |
|  |                 |          |       |                             |              |         |  |
|  |                 |          |       |                             |              |         |  |

**B.4. OPERATOR’S CERTIFICATE (if applicable)**

Attach copy of Operator’s Certification to application.

- Sewage Treatment Plant
- Drink Water Treatment Plant
- ADS Operator

**CLINICAL LABORATORY (if applicable)**

Indicate PFI No. \_\_\_\_\_

| <b>B.5. ENVIRONMENTAL LABORATORY EXPERIENCE</b><br>List most recent one first and attach a resume to support it.   |                 |          |                  | Indicate experience in number of months. |     |     |                   |                     |                   |                |              |              |                 |      |     |
|--|-----------------|----------|------------------|--|-----|-----|-------------------|---------------------|-------------------|----------------|--------------|--------------|-----------------|------|-----|
| Name and location (City, State, and Country) of laboratory and/or institution. Any gaps in employment will be assumed to be in non-environmental laboratory periods. | Period Employed |          | Position(s) held | PCM                                      | PLM | TEM | Quality Assurance | Inorganic Chemistry | Organic Chemistry | Radiochemistry | Radon in Air | Microbiology | Critical Agents | WETT | ADS |
|  | From Mo/Yr      | To Mo/Yr |                  |  |     |     |                   |                     |                   |                |              |              |                 |      |     |
|  |                 |          |                  |  |     |     |                   |                     |                   |                |              |              |                 |      |     |
|  |                 |          |                  |  |     |     |                   |                     |                   |                |              |              |                 |      |     |
|  |                 |          |                  |  |     |     |                   |                     |                   |                |              |              |                 |      |     |
|  |                 |          |                  |  |     |     |                   |                     |                   |                |              |              |                 |      |     |
|  |                 |          |                  |  |     |     |                   |                     |                   |                |              |              |                 |      |     |
|  |                 |          |                  |  |     |     |                   |                     |                   |                |              |              |                 |      |     |
|  |                 |          |                  |  |     |     |                   |                     |                   |                |              |              |                 |      |     |
|  |                 |          |                  |  |     |     |                   |                     |                   |                |              |              |                 |      |     |

I certify that the information provided in this document is complete, true, and correct, and that providing false information is a basis for revocation of the laboratory's Certificate of Approval. I further understand that offering a false instrument is a crime under the New York State Penal Law.

**Applicant's Printed Name** \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**END OF SECTION B**

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### Section C: Accreditation Information

For new laboratories or existing laboratories adding new analytes/methods.

#### C.1. ACCREDITATION MATERIAL

For existing laboratories, check if no change.

Attach completed and signed application for the following accreditation category. All application material can be found on the ELAP website at

<https://www.wadsworth.org/regulatory/elap/application-certification-for-labs>.

When completing applications listed below, see the appropriate certification manual items for Fields of Accreditation Items (Item No. 180.1 through 180.4) for the ELAP Method Number at <https://www.wadsworth.org/regulatory/elap/requirements-for-laboratory-certification-certification>.

- Potable Water/Drinking Water (Form 108)     Solid and Hazardous Waste (Form 1977)
- Non-Potable Water (Form 109)                       Air and Emissions (Form 1978)
- Critical Agents (Form 1977CA)

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#### C.2. PROFICIENCY TESTING (For NYS primary laboratories adding analytes/methods only)

Has your laboratory performed and reported to [elapptreports@health.ny.gov](mailto:elapptreports@health.ny.gov) any proficiency testing (PT) on the analyte/method(s) for which you are applying?  YES  NO

**If yes, please list all applicable PT studies.**

PT Provider: \_\_\_\_\_ PT Study Number: \_\_\_\_\_

PT Provider: \_\_\_\_\_ PT Study Number: \_\_\_\_\_

PT Provider: \_\_\_\_\_ PT Study Number: \_\_\_\_\_

PT Provider: \_\_\_\_\_ PT Study Number: \_\_\_\_\_

**Ensure that all PT reports for new analyte/method additions are sent directly from your PT provider to NYS ELAP at [elapptreports@health.ny.gov](mailto:elapptreports@health.ny.gov).**

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END OF SECTION C

**Certificate of Compliance**

Has any corporate shareholder or technical director ever had charges of administrative violations of local, state or federal laws, rules and regulations sustained against himself/herself?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details on a separate sheet and attach to this form.

Has any corporate shareholder or technical director ever been convicted of any crime or offense related to the furnishing of or billing for environmental laboratory services or environmental remediation services or sample collection related thereto, which is considered an offense involving theft, fraud, or offering a false instrument?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details on a separate sheet and attach to this form.

The undersigned understand and acknowledge that the laboratory is required to be in continual compliance with New York State's Environmental Laboratory Approval Program (ELAP) standards and is subject to the penalty provisions of the Program. I understand that under Section 55-2.6 of 10 NYCRR, a Certificate of Approval may be revoked, suspended, or denied if any fact is misrepresented in this application, including failure to notify ELAP regarding changes of ownership. Changes in any of the information in this application must be reported to ELAP immediately. I also understand that additional penalties may apply if I misrepresent, conceal, or fail to disclose facts or information regarding initial or continuing eligibility for a Certificate of Approval, including conviction of any crime related to the provision of or billing for laboratory services, omission or misrepresentation of material facts related to the operation of an environmental laboratory, or the concealment of ownership or controlling interest. I further understand that offering a false instrument constitutes a crime under the Penal Law of the State of New York.

It is certified that: the laboratory will operate in accordance with Section 502 of the Public Health Law; the owner or technical director will monitor and document the use of approved methods; records will be maintained as prescribed in the ELAP Quality Systems Standard; and the owner or technical director will notify ELAP if the laboratory is found to be in violation of any federal, state, or local law by the federal, state, or local agency enforcing that law; laboratory staff will permit authorized department employees to conduct announced or unannounced on-site assessments and investigations and will allow copies of any laboratory records to be taken by authorized department employees; the laboratory management will notify any other states in which the laboratory is accredited if the laboratory's New York ELAP accreditation is revoked or suspended in whole or in part; and the laboratory management will similarly notify New York ELAP if the laboratory's accreditation is revoked or suspended in whole or in part by any other state accrediting authority.

Under the New York State Workers Compensation Law, businesses applying for permits or licenses issued by the State must hold worker's compensation and disability benefits coverage or document their qualifying for an exception. Information regarding this requirement and the process for submitting proof of enrollment can be found in the *New York State Workers Compensation Board Employers Handbook – A Guide to the Worker's Compensation System for the New York State Business Owner*, available at [http://www.wcb.state.ny.us/content/main/Small\\_Business/employer\\_handbook.pdf](http://www.wcb.state.ny.us/content/main/Small_Business/employer_handbook.pdf).

By signing as owner, I hereby certify that I am the owner of the laboratory named in this application and that there are no misrepresentations in my answers to the questions on this application. By signing as the owner representative, I attest that I am authorized to sign on behalf of the owner named in this application.

|                    |                         |      |
|--------------------|-------------------------|------|
| Signature of Owner | Name of Owner (Printed) | Date |
|--------------------|-------------------------|------|

OR

|                                   |  |      |
|-----------------------------------|--|------|
| Signature of Owner Representative | Name / Title of Owner Representative (Printed) | Date |
|-----------------------------------|--|------|

|                                      |   |      |
|--------------------------------------|---|------|
| Signature of Lead Technical Director | Name of Lead Technical Director (Printed) | Date |
|--------------------------------------|---|------|