

RI Department of Health

2013

Application and Instructions for Certification of Analytical Laboratories:



**DO NOT DUPLICATE THIS FORM
PLEASE DO NOT REMOVE ANY FULL PAGES FROM THIS BOOKLET**

INSTRUCTIONS

- Familiarity with the *Rules and Regulations for Certifying Analytical Laboratories (R23-16.2-A/LAB, as amended, September 2007, <http://www2.sec.state.ri.us/dar/regdocs/released/pdf/DOH/4821.pdf>)* is **necessary** before completing this application.
- Answer all questions. Do not leave blanks. Incomplete forms will be returned to you and your certificate will not be issued. Use a ballpoint pen.
- **Try alternative “ELECTRONIC CERTIFIED PARAMETERS SELECTION TOOL”! (Replaces pages 6 – 10 of this application form). Request “Certified Parameters” from electronic table of analytes and approved test methods. Avoid manual entry, save time, store electronically. Download the tool at , http://www2.sec.state.ri.us/dar_filing/regdocs/released/pdf/DOH/4821.pdf and click on “LABORATORY CERTIFIED PARAMETERS SELECTION TOOL” or contact: Henry.Leibovitz@health.ri.gov or call (401) 222-5600 to request a copy.**
- Make your check/money order payable to "General Treasurer, State of Rhode Island". Do not send cash. **Please be advised that you must calculate your fee based on the options you choose at the end of this form.**
- Certification application materials are public records as mandated by Rhode Island law and may be made available to the public, unless otherwise prohibited by State or Federal law.
- Misrepresentations are grounds for refusal or subsequent revocation of certification.
- If you have any questions concerning this application, call the Department of Health Laboratories at (401) 222-5600.
- Return completed application to:

Certification Officer
Rhode Island Department of Health Laboratories
50 Orms Street
Providence, RI 02904

Name of Laboratory Director: _____

Name of person who completed this application: _____

**State of Rhode Island and Providence Plantations
Department of Health**

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| <p>Facility Name:</p> <p>Please provide the name of the facility (as known to the public) for which this certificate is being requested.</p> | <p>Full Name: _____</p> | | | | | | | | |
| <p>Facility Location Information:</p> <p>Please provide the location information for this facility.</p> <p>(Published on HEALTH website).</p> | <p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p> <p>Website: _____</p> | | | | | | | | |
| <p>Facility Mailing Information:</p> <p>Please provide the mailing information for all communication regarding this certificate, if different from Facility Location Information</p> <p>(Not published on HEALTH website).</p> | <p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Address Country _____</p> | | | | | | | | |
| <p>Facility Contact Information:</p> <p>Please provide the facility. Phone, Fax and Email Information.</p> | <p>Contact Name: _____</p> <p>Phone Number: _____</p> <p>Fax Number: _____</p> <p>Email Address: _____</p> | | | | | | | | |
| <p>Ownership Type:</p> <p>Please check ONE</p> | <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Limited Liability Company</td> </tr> <tr> <td><input type="checkbox"/> Governmental Entity</td> <td><input type="checkbox"/> Sole Proprietorship</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Limited Partnership</td> </tr> <tr> <td><input type="checkbox"/> Partner</td> <td></td> </tr> </table> | <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Governmental Entity | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Partner | |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company | | | | | | | | |
| <input type="checkbox"/> Governmental Entity | <input type="checkbox"/> Sole Proprietorship | | | | | | | | |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Partnership | | | | | | | | |
| <input type="checkbox"/> Partner | | | | | | | | | |
| <p>Ownership Information:</p> <p>Please provide the ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p> | <p>Name: _____</p> <p>DBA: _____</p> | | | | | | | | |

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| <p>Ownership Address Information:</p> <p>Please provide the contact information of the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p> | <p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p> |
| <p>Laboratory Director:</p> | <p>Laboratory Director's Full Name: _____</p> |
| <p>Laboratory Director's Education:</p> <p>Please list highest degree earned in the chemical or biological sciences and major: (a copy of the diploma must accompany this application)</p> | <p>Degree: _____ Major: _____</p> |
| <p>Laboratory Director's Experience:</p> <p>Briefly describe the analytical laboratory experience. (Do Not attach a Resume)</p> | <p>Laboratory Name: _____</p> <p>Address: _____ <small>Street City State Zip Code</small></p> <p>Position held: _____ Dates: _____</p> <p>Duties: _____</p> <hr/> <p>Laboratory Name: _____</p> <p>Address: _____ <small>Street City State Zip Code</small></p> <p>Position held: _____ Dates: _____</p> <p>Duties: _____</p> <hr/> <p>Laboratory Name: _____</p> <p>Address: _____ <small>Street City State Zip Code</small></p> <p>Position held: _____ Dates: _____</p> <p>Duties: _____</p> |
| <p>Quality Assurance Officer:</p> | <p>Quality Assurance Officer's Full Name: _____</p> |
| <p>Quality Assurance Officer's Education:</p> <p>Please list highest degree earned in the chemical or biological sciences and major: (a copy of the diploma must accompany this application)</p> | <p>Do not complete the education and experience sections if the Laboratory Director acts as the Quality Assurance Officer.</p> <p>Degree: _____ Major: _____</p> |

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| <p>Quality Assurance Officer's Experience:</p> <p>Briefly describe the analytical laboratory experience. (Do Not attach a Resume)</p> | <p>Laboratory Name: _____</p> <p>Address: _____ <small>Street City State Zip Code</small></p> <p>Position held: _____ Dates: _____</p> <p>Duties: _____</p> <hr/> <p>Laboratory Name: _____</p> <p>Address: _____ <small>Street City State Zip Code</small></p> <p>Position held: _____ Dates: _____</p> <p>Duties: _____</p> <hr/> <p>Laboratory Name: _____</p> <p>Address: _____ <small>Street City State Zip Code</small></p> <p>Position held: _____ Dates: _____</p> <p>Duties: _____</p> |
| <p>Laboratory Director's Designee:</p> | <p>Will the Laboratory Director be present during normal laboratory operation hours? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, for how many hours per day? _____ If No, who will the laboratory director designate to supervise laboratory activities during his/her absence? Name: _____</p> <p>Degree/Major: _____ Years of analytical laboratory experience: _____</p> |
| <p>Laboratory Organization and Personnel</p> | <p>Attach an organizational chart and a list of personnel, clearly delineating qualifications, duties, and responsibilities.</p> |
| <p>Facility</p> <p>Provide a floor plan, which includes square footage for each area.</p> | <p>Is the building a residence? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If a residence, are facilities provided for independent operation of the laboratory? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What is the total linear feet of laboratory bench space? _____</p> <p>Does the laboratory have an HVAC system? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the laboratory floor composed of non-porous material where acids, caustics and solvents are used? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Indicate the number and size of exhaust fume hoods in use: Number of Hoods: _____ Size of Hoods: _____</p> |
| <p>Equipment:</p> | <p>Attach a list of all major laboratory equipment on-site, including manufacturer, model, serial number, and condition at the time of installation (new or used).</p> |

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| Drinking Water Sample Collection Services: | Does your laboratory provide Drinking Water Sample Collection Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy of the Laboratory's Standard Operating Procedure for collecting Drinking Water Samples. |
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| QA Plan and Proficiency Testing: (IN-STATE LABS ONLY) | Indicate the proficiency testing programs that the lab participates in: _____ _____ Attach a copy of the Quality Assurance Plan. |
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| Out of State Laboratory Certification: (OUT-OF-STATE LABS ONLY) | Certification State: _____ Certification Number: _____ Certification Expiration Date: _____ Attach a copy of the current certificate(s) issued by the resident state, along with a copy of the most recent inspection report and the laboratory corrective action plan. If the resident state does not offer certification for a requested analyte, the laboratory may provide a current certificate from a NELAC state for that analyte. <u>A2LA or AIHA Certification is required for Environmental Lead Certification.</u> |
|---|---|

Options, Analytes and Methods Requested for Certification

TRY ALTERNATIVE "ELECTRONIC CERTIFIED PARAMETERS SELECTION TOOL". Saves time. Replaces tables on pages 6 – 10 of this application. (Requires MS Excel 2003 or newer version.) To download go to http://www2.sec.state.ri.us/dar_filing/regdocs/released/pdf//DOH/4821.pdf and click on "Laboratory Certified Parameters Selection Tool" or contact: Henry.Leibovitz@health.ri.gov or (401) 222-5600 to request a copy.

Listed below are the analytes for which certification is offered. Please mark with a (✓) each analyte that you are requesting certification for and indicate the method number(s) used. Indicate the laboratory's MDL for all potable water regulated compounds. **Please note that the fee is based on the number of options selected, regardless of the number of analytes within the option.**

Option 1

| potable water - microbiology - \$40.00 | | |
|--|---------------------------|---------------|
| ✓ | Analyte | Method Number |
| | Total Coliform | |
| | Fecal Coliform | |
| | E.Coli | |
| | Heterotrophic Plate Count | |
| | Enterococci | |

Option 2

| potable water - organic chemistry - \$70.00 | | | | potable water - organic chemistry Continued | | | |
|---|-----------------------------|------------------|-----|---|--------------------------------|------------------|-----|
| ✓ | Analyte | Method Number(s) | MDL | ✓ | Analyte | Method Number(s) | MDL |
| | Benzene* | | | | EDB (Ethylene dibromide)* | | |
| | 1,2-Dichlorobenzene* | | | | DBCP (Dibromochloropropane)* | | |
| | 1,4-Dichlorobenzene* | | | | Dibromoacetic Acid* | | |
| | 1,1-Dichloroethene* | | | | Dichloroacetic Acid* | | |
| | 1,2-Dichloroethane* | | | | Monobromoacetic Acid* | | |
| | 1,2-Dichloroethene (cis)* | | | | Monochloroacetic Acid* | | |
| | 1,2-Dichloroethene (trans)* | | | | Trichloroacetic Acid* | | |
| | 1,2-Dichloropropane* | | | | Benzo(a)pyrene* | | |
| | Carbon Tetrachloride* | | | | Di-2(ethylhexyl)adipate* | | |
| | Chlorobenzene* | | | | Di-2(ethylhexyl)phthalate* | | |
| | Ethylbenzene* | | | | Hexachlorobenzene* | | |
| | Methylene Chloride* | | | | Hexachlorocyclopentadiene* | | |
| | Styrene* | | | | Alachlor* | | |
| | Tetrachloroethene* | | | | 2,4-D* | | |
| | Toluene* | | | | 2,4,5-TP (Silvex)* | | |
| | 1,2,4-Trichlorobenzene* | | | | Aldicarb | | |
| | 1,1,1-Trichloroethane* | | | | Aldicarb sulfone | | |
| | 1,1,2-Trichloroethane* | | | | Aldicarb sulfoxide | | |
| | Trichloroethene* | | | | Atrazine* | | |
| | Vinyl Chloride* | | | | Carbofuran* | | |
| | Xylenes (total)* | | | | Chlordane (technical)* | | |
| | MTBE | | | | Dalapon* | | |
| | Bromobenzene | | | | Dinoseb* | | |
| | Bromochloromethane | | | | Diquat* | | |
| | Bromomethane | | | | Endrin* | | |
| | Chloroethane | | | | Endothall* | | |
| | Chloromethane | | | | Glyphosate* | | |
| | 2-Chlorotoluene | | | | Heptachlor* | | |
| | 4-Chlorotoluene | | | | Heptachlor epoxide* | | |
| | Dibromomethane | | | | Lindane* | | |
| | 1,3-Dichlorobenzene | | | | Methoxychlor* | | |
| | Dichlorodifluoromethane | | | | Oxamyl* | | |
| | 1,1-Dichloroethane | | | | Pentachlorophenol* | | |
| | 1,3-Dichloropropane | | | | Picloram* | | |
| | 2,2-Dichloropropane | | | | Simazine* | | |
| | 1,1-Dichloropropene | | | | Toxaphene* | | |
| | cis-1,3-Dichloropropene | | | | PCB's (as Decachlorobiphenyl)* | | |
| | trans-1,3-Dichloropropene | | | | PCB-1016 | | |
| | Hexachlorobutadiene | | | | PCB-1221 | | |
| | Isopropylbenzene | | | | PCB-1232 | | |
| | n-Butylbenzene | | | | PCB-1242 | | |
| | n-Propylbenzene | | | | PCB-1248 | | |
| | p-Isopropyltoluene | | | | PCB-1254 | | |
| | sec-Butylbenzene | | | | PCB-1260 | | |
| | tert-Butylbenzene | | | | 2,3,7,8-TCDD (dioxin)* | | |
| | 1,2,3-Trichlorobenzene | | | | DCPA | | |
| | 1,1,1,2-Tetrachloroethane | | | | Molinate | | |
| | 1,1,2,2-Tetrachloroethane | | | | Aldrin | | |
| | Trichlorofluoromethane | | | | Butachlor | | |
| | 1,2,3-Trichloropropane | | | | Carbaryl | | |
| | 1,2,4-Trimethylbenzene | | | | Dicamba | | |
| | 1,3,5-Trimethylbenzene | | | | Dieldrin | | |
| | Bromoform | | | | 3-Hydrocarbofuran | | |
| | Bromodichloromethane | | | | Methomyl | | |
| | Chloroform | | | | Metolachlor | | |
| | Dibromochloromethane | | | | Metribuzin | | |
| | | | | | Propachlor | | |

*Regulated compound (indicate the MDL)

Option 3

| potable water - inorganic chemistry - \$40.00 | | | | potable water - inorganic chemistry Continued | | | |
|---|--------------|------------------|-----|---|--------------------------|------------------|-----|
| ✓ | Analyte | Method Number(s) | MDL | ✓ | Analyte | Method Number(s) | MDL |
| | Alkalinity | | | | Nitrite* | | |
| | Aluminum | | | | Orthophosphate | | |
| | Antimony* | | | | Perchlorate | | |
| | Arsenic* | | | | Potassium | | |
| | Asbestos | | | | Selenium* | | |
| | Barium* | | | | Silica | | |
| | Beryllium* | | | | Silver | | |
| | Cadmium* | | | | Sodium | | |
| | Calcium | | | | Sulfate | | |
| | Chloride | | | | Thallium* | | |
| | Chromium* | | | | Total Dissolved Solids | | |
| | Conductivity | | | | Total Organic Carbon | | |
| | Copper* | | | | Turbidity | | |
| | Cyanide* | | | | Zinc | | |
| | Fluoride* | | | | Bromide | | |
| | Hardness | | | | Free Residual Chlorine* | | |
| | Iron | | | | Total Residual Chlorine* | | |
| | Lead* | | | | UV254 | | |
| | Magnesium | | | | DOC | | |
| | Manganese | | | | Bromate* | | |
| | MBAS | | | | Chlorate | | |
| | Mercury* | | | | Chlorite* | | |
| | Nickel | | | | pH | | |
| | Nitrate* | | | | | | |

*Regulated compound (indicate the MDL)

Option 4

| non-potable water - microbiology - \$40.00 | | | non-potable water - microbiology - continued | | |
|--|----------------|---------------|--|-------------|---------------|
| ✓ | Analyte | Method Number | ✓ | Analyte | Method Number |
| | Total Coliform | | | Enterococci | |
| | Fecal Coliform | | | | |

Option 5

| non-potable water - organic chemistry- \$70.00 | | | non-potable water - organic chemistry Continued | | |
|--|--------------------------|---------------|---|---------------------------|---------------|
| ✓ | Analyte | Method Number | ✓ | Analyte | Method Number |
| | Acrolein | | | 1,1-Dichloroethene | |
| | Acrylonitrile | | | 1,2-Dichloropropane | |
| | Benzene | | | cis-1,3-Dichloropropene | |
| | Bromomethane | | | trans-1,3-Dichloropropene | |
| | Bromoform | | | Ethylbenzene | |
| | Carbon Tetrachloride | | | Methylene Chloride | |
| | Chlorobenzene | | | 1,1,2,2-Tetrachloroethane | |
| | Chlorodibromomethane | | | Tetrachloroethene | |
| | Chloroethane | | | Toluene | |
| | Chloromethane | | | trans-1,2-Dichloroethene | |
| | 2-Chloroethylvinyl Ether | | | 1,1,1-Trichloroethane | |
| | Chloroform | | | 1,1,2-Trichloroethane | |
| | Dichlorobromomethane | | | Trichloroethene | |
| | Dichlorodifluoromethane | | | Trichlorofluoromethane | |
| | 1,1-Dichloroethane | | | Vinyl Chloride | |
| | 1,2-Dichloroethane | | | | |

Option 5 Continued

| non-potable water - organic chemistry Continued - \$70.00 | | |
|---|------------------------------|---------------|
| ✓ | Analyte | Method Number |
| | Xylenes (total) | |
| | Acenaphthene | |
| | Acenaphthylene | |
| | Anthracene | |
| | Benzo(a)anthracene | |
| | Benzo(a)pyrene | |
| | Benzo(b)fluoranthene | |
| | Benzo(k)fluoranthene | |
| | Benzo(g,h,i)perylene | |
| | Bis(2-Chloroethoxy)Methane | |
| | Bis(2-chloroethyl)Ether | |
| | Bis(2-chloroisopropyl) Ether | |
| | Bis(2-ethylhexyl) Phthalate | |
| | 4-Bromophenyl Phenyl Ether | |
| | Butylbenzyl Phthalate | |
| | 2-Chloronaphthalene | |
| | 4-Chlorophenyl Phenyl Ether | |
| | Chrysene | |
| | Dibenz[a,h]anthracene | |
| | 1,2-Dichlorobenzene | |
| | 1,3-Dichlorobenzene | |
| | 1,4-Dichlorobenzene | |
| | 3,3'-Dichlorobenzidine | |
| | Diethyl Phthalate | |
| | Dimethyl Phthalate | |
| | Di-n-butyl Phthalate | |
| | 2,4-Dinitrotoluene | |
| | 2,6-Dinitrotoluene | |
| | Di-n-octyl Phthalate | |
| | Fluoranthene | |
| | Fluorene | |
| | Hexachlorobenzene | |
| | Hexachlorobutadiene | |
| | Hexachlorocyclopentadiene | |
| | Hexachloroethane | |
| | Indeno[1,2,3-cd]pyrene | |
| | Isophorone | |
| | Naphthalene | |
| | Nitrobenzene | |
| | N-Nitrosodimethylamine | |
| | N-Nitrosodi-n-propylamine | |
| | N-Nitrosodiphenylamine | |
| | Phenanthrene | |
| | Pyrene | |

| non-potable water - organic chemistry Continued | | |
|---|-------------------------------|---------------|
| ✓ | Analyte | Method Number |
| | 1,2,4-Trichlorobenzene | |
| | 2-Chlorophenol | |
| | 2,4-Dichlorophenol | |
| | 2,4-Dimethylphenol | |
| | 2-Methyl-4,6-dinitrophenol | |
| | 2,4-Dinitrophenol | |
| | 2-Nitrophenol | |
| | 4-Nitrophenol | |
| | 4-Chlorophenol-3-methylphenol | |
| | Pentachlorophenol | |
| | Phenol | |
| | 2,4,6-Trichlorophenol | |
| | Aldrin | |
| | alpha-BHC | |
| | beta-BHC | |
| | gamma-BHC (Lindane) | |
| | delta-BHC | |
| | Chlordane (technical) | |
| | 4,4'-DDT | |
| | 4,4'-DDE | |
| | 4,4'-DDD | |
| | Dieldrin | |
| | Endosulfan I | |
| | Endosulfan II | |
| | Endosulfan Sulfate | |
| | Endrin | |
| | Endrin Aldehyde | |
| | Heptachlor | |
| | Heptachlor Epoxide | |
| | Methoxychlor | |
| | PCB-1016 | |
| | PCB-1221 | |
| | PCB-1232 | |
| | PCB-1242 | |
| | PCB-1248 | |
| | PCB-1254 | |
| | PCB-1260 | |
| | Toxaphane | |
| | 2,3,7,8-TCDD(dioxin) | |
| | 2,4-D | |
| | 2,4,5-TP(Silvex) | |
| | 2,4,5-T | |
| | Dicamba | |

Option 6

| non-potable water - inorganic chemistry - \$40.00 | | | non-potable water - inorganic chemistry Continued | | |
|---|---------------------|---------------|---|-------------------------|---------------|
| ✓ | Analyte | Method Number | ✓ | Analyte | Method Number |
| | Alkalinity | | | Osmium | |
| | Aluminum | | | Potassium | |
| | Ammonia | | | Selenium | |
| | Antimony | | | Silver | |
| | Arsenic | | | Silica | |
| | Asbestos | | | Sodium | |
| | Barium | | | Sulfate | |
| | Beryllium | | | Sulfide | |
| | Boron | | | Sulfite | |
| | Bromide | | | Thallium | |
| | Cadmium | | | Tin | |
| | Calcium | | | Titanium | |
| | Chloride | | | Vanadium | |
| | Chromium (total) | | | Zinc | |
| | Hexavalent chromium | | | Total Cyanide | |
| | Cobalt | | | Kjeldahl Nitrogen | |
| | Copper | | | Oil & Grease | |
| | Fluoride | | | pH | |
| | Hardness | | | Total Phenols | |
| | Iron | | | 5-Day BOD | |
| | Lead | | | CBOD | |
| | Magnesium | | | COD | |
| | Manganese | | | Specific Conductance | |
| | MBAS | | | Total Phosphorous | |
| | Mercury | | | Total Suspended Solids | |
| | Molybdenum | | | Total Dissolved Solids | |
| | Nickel | | | Total Solids | |
| | Nitrate | | | Total Organic Carbon | |
| | Nitrite | | | Total Residual Chlorine | |
| | Orthophosphate | | | | |

Option 7

| Radiochemistry - \$70.00 | | | Radiochemistry Continued | | |
|--------------------------|-------------|---------------|--------------------------|--------------|---------------|
| ✓ | Analyte | Method Number | ✓ | Analyte | Method Number |
| | Cesium 134 | | | Radium 228 | |
| | Gross alpha | | | Strontium 89 | |
| | Gross Beta | | | Strontium 90 | |
| | Iodine 131 | | | Tritium | |
| | Radium 226 | | | Uranium | |

Option 8

| Environmental Lead - \$40.00 | | |
|------------------------------|--------------------|---------------|
| ✓ | Analyte | Method Number |
| | Lead in paint | |
| | Lead in soil | |
| | Lead in dust wipes | |

| Fee Computation: | <u>Fee</u> | <u>Amount Owed</u> | |
|--|---|------------------------|-------|
| Complete the fee calculation table to determine fees owed (when one or more analytes in a category are checked as requested for certification, the fee is owed for that category). | 1) Required Administrative Fee | \$330.00 ----- | _____ |
| | 2) Option 1 – Potable water – Microbiology | \$40.00 ----- | _____ |
| | 3) Option 2 – Potable water Organic Chemistry | \$70.00 ----- | _____ |
| | 4) Option 3 – Potable water - Inorganic Chemistry | \$40.00 ----- | _____ |
| | 5) Option 4 – Non-potable water – Microbiology | \$40.00 ----- | _____ |
| | 6) Option 5 – Non-potable water - Organic Chemistry | \$70.00 ----- | _____ |
| | 7) Option 6 – Non-potable water - Inorganic Chemistry | \$40.00 ----- | _____ |
| | 8) Option 7 – Radiochemistry | \$70.00 ----- | _____ |
| | 9) Option 8 – Environmental Lead | \$40.00 ----- | _____ |
| | Add items 1) through 9) to determine total amount owed: | Total Amount Owed = \$ | _____ |

| | | |
|--|--|----------------------------|
| FEIN Number: (Federal Employer Identification Number) Note: If you are a sole proprietor this number may be your Social Security Number. | Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator. | |
| | If the below SSN/FEIN is missing or incorrect, please provide: | |
| | SSN/F.E.I.N. Number: _____ | SSN/F.E.I.N. Number: _____ |

| | | |
|---|---|--|
| Affidavit of Applicant Read, sign, and date this affidavit. | AFFIDAVIT AND SIGNATURE | |
| | This Application Must be Signed | |
| | I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of certification in the State of Rhode Island. | |
| | I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed. | |
| | I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation. | |
| | _____ Signature of Authorized Person | _____ Date of Signature (MM/DD/YY) |
| | _____ Printed Name of Authorized Person | |
| | _____ Title of Authorized Person | |
| Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of Taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended. | | |

Application Review List

- I have answered all questions and have signed the application where required.
- I have enclosed ONE check/money order made payable (in U.S. funds, only) to “General Treasurer, State of Rhode Island.” I have not sent cash.
- I have read the Rules and Regulations for Certifying Analytical Laboratories (R23-16.2-A/LAB, as amended).
- I have attached a copy of the diploma for each the Laboratory Director and the Quality Assurance Officer.
- I have attached an organization chart and a list of personnel, clearly delineating qualifications, duties, and responsibilities.
- I have attached a floor plan of the facility that includes the square footage for each area.
- (IN-STATE LABS) I have attached a copy of the Quality Assurance Plan and have indicated the proficiency testing programs in which the lab participates.
- (OUT-OF-STATE LABS) I have attached a copy of the current certificate issued by the resident state or a current certificate from a NELAC state and a copy of the most recent inspection report and corrective action plan.
- For Environmental Lead Certification, I have enclosed a copy of A2LA or AIHA Certification.