

ADEM
Drinking Water
Laboratory Certification Application
(PRINT OR TYPE INFORMATION)

Laboratory Name: _____

New Application:

Renewal:

If Lab Changed Names since the Last Certification, indicate Previous Lab Name:

Laboratory Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Email Address: _____

Laboratory Certification Type Applying For: In-state Out-of-state

Parameter Groups Applying For:

Microbiological: <input type="checkbox"/>	Herbicides: <input type="checkbox"/>	Disinfection Byproducts: <input type="checkbox"/>
Inorganics: <input type="checkbox"/>	Pesticides: <input type="checkbox"/>	Volatile Organic Chemicals: <input type="checkbox"/>
Metals: <input type="checkbox"/>	Radiologicals: <input type="checkbox"/>	Synthetic Organic Chemicals: <input type="checkbox"/>
Asbestos: <input type="checkbox"/>	Dioxin: <input type="checkbox"/>	

I hereby affirm the information provided in this application and attachments is true and correct.

Signature of Laboratory Manager/Director

(Title)

(Date)

LAB ID #: _____ (ADEM USE ONLY)