

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)