



**Louisiana Department of Environmental Quality  
OES, Notifications and Accreditations Section  
Louisiana Environmental Laboratory Accreditation Program  
Laboratory and Stack Tester Application**

For LDEQ Use Only	
Ck No.	AI No.
Date	Amt

**Louisiana Laboratory/ Stack Tester Identification No.** \_\_\_\_\_  
(To be Assigned by DEQ - Do Not Enter)

**A. Purpose and Type of Application:** Mark (X) one for each.

<b>Purpose:</b> <input type="checkbox"/> Initial Accreditation <input type="checkbox"/> Reaccreditation <input type="checkbox"/> Renewal Accreditation <input type="checkbox"/> Additional Test Category	<b>Type:</b> <input type="checkbox"/> State Accreditation <input type="checkbox"/> NELAP Accreditation
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**B. General Information: (Please Type)**

<b>Laboratory/ Stack Tester Name:</b>		<b>Billing Name (for Accreditation Fees):</b>	
<b>Mailing Address:</b>		<b>Billing Mailing Address:</b>	
<b>City:</b>		<b>City:</b>	
<b>State:</b>	<b>Zip:</b>	<b>State:</b>	<b>Zip:</b>
<b>Parish Code No.</b>	<b>State Code No.</b>	<b>Parish Code No.</b>	<b>State Code No.</b>
<b>Laboratory/Stack Tester Contact Name:</b>		<b>Laboratory/Stack Tester Contact Telephone No.</b>	
<b>Laboratory /Stack Tester Fax No.</b>		<b>Laboratory/Stack Tester Contact Email Address:</b>	
<b>Shipping Address - No. and Street Name (for UPS Delivery):</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Parish Code No.</b>		<b>State Code No.</b>	
<b>Laboratory/Stack Tester Hours of Operation</b>		<b>Laboratory/Stack Tester Geographic Location</b>	
<b>Mobile Laboratory Vehicle Identification Number:</b>		<b>Latitude:</b>	<b>Longitude:</b>

(Add additional lines if the facility has multiple mobile laboratories.)

**C. Type of Laboratory/Stack Tester :** Mark (X) One

<input type="checkbox"/> Commercial Laboratory <input type="checkbox"/> Small Commercial Laboratory <input type="checkbox"/> Commercial Mobile/Field Laboratory <input type="checkbox"/> Commercial Local, State, Federal Laboratory	<input type="checkbox"/> Non-Commercial Industrial Laboratory <input type="checkbox"/> Non-Commercial Municipal Laboratory <input type="checkbox"/> Non-Commercial Local, State, or Federal Laboratory
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**D. Out-of-State Laboratories/Stack Testers Only:**

List below all Environmental Laboratory Accreditation/Certifications held by the laboratory/stack tester. Attach copies of all current Accreditations/Certificates, including lists of parameters and methods, last two Water Study and Water Pollutant Performance Evaluation study results, most recent on-site evaluation reports and responses to deviations from each of the following State Accreditation/Certification Programs (Use additional sheets if necessary). Complete the following.

<b>Name of Certifying Authority:</b>	<b>Type of Certification:</b>	<b>Expiration Date:</b>
<b>Name of Certifying Authority:</b>	<b>Type of Certification:</b>	<b>Expiration Date:</b>
<b>Name of Certifying Authority:</b>	<b>Type of Certification:</b>	<b>Expiration Date:</b>

**E. Laboratory Technical Director:** Designate the person responsible for the laboratory operations. Attach resume.

<b>Name of Technical Director:</b>	<b>Telephone No.</b>	<b>Email Address:</b>
<b>Name of Educational Institution:</b>	<b>Degree/Major Field:</b>	
<b>List no. of credit hours of:</b> <b>Chemistry: _____ hrs; Biology: _____ hrs; Microbiology: _____ hrs; Physics _____ hrs; Engineering _____ hrs</b>		

**Note below the experience of the person responsible for the laboratory operations (related to laboratory analysis). Include any licenses, certifications, or registrations held, the issuing body, and expiration date of each:**

**F. Quality Assurance Officer:**

<b>Name:</b>	<b>Position Held</b>	<b>Telephone No.</b>
<b>Name of Educational Institution:</b>		<b>Degree/Major Field:</b>

**Note the QA Officer's Training and Experience below. Include any licenses, certifications, or registrations held, issuing body, and expiration date:**

**G. All Other Personnel:** List all personnel involved in the laboratory operations. Please *make copies of this page* or add additional tables for additional personnel. Resumes may be attached.

<b>Name:</b>	<b>Position Held</b>	<b>Telephone No.</b>
<b>Name of Educational Institution:</b>		<b>Degree/Major Field:</b>

**Note the person's Training and Experience below. Include any licenses, certifications, or registrations held, issuing body, and expiration date. Note Primary Responsibilities in the Laboratory below:**

**H. Fees:**

**Application Fee:**

A \$660 Accreditation Application Fee must accompany this application form in order for the application to be processed.

**Annual Fees:**

The laboratory will be invoiced at a later date for Annual Fees. Certification is contingent upon payment of invoiced Annual Fees.

**Annual Fee Calculation:** Mark (X) in each block that applies to your laboratory in the table below. To calculate your Total Annual Fee, add the Test Category Fees on the right for each Test Category that you selected. If you selected only one Test Category, then include the Annual Surveillance and Evaluation Fee. **The table below must be completed in order for your application to be processed.**

TEST CATEGORIES	FIELDS OF TESTING				Annual Fee per Category	Applicant's Fees
	Air Emission	Non-Potable Water	Solid and Chemical Materials	Biological Tissue		
Metals					\$330	
Air Pollutants Including Industrial Hygiene and Toxic Organic Compounds (T.O.) Methods					\$330	
Nutrients, Minerals, Ion, Demands, Classical Wet Chemistry, Total & Fecal Coliforms					\$330	
Microbiology Including Fecal & Total Coliform					\$330	
Bioassay / Biomonitoring					\$330	
Organics Including Volatiles, Semi-Volatiles, Pesticides, Herbicides, and PCBs					\$330	
Dioxins and Furans					\$330	
Radiochemistry					\$330	
Asbestos					\$330	
Geotechnical Soil Testing					\$330	
Minor Conventional Parameters (BOD <sub>5</sub> , O&G, TSS, Fecal & Total Coliform, Residual Chlorine Only)*					\$264	
*Do not check this category if you checked any other category. This category is for laboratories seeking accreditation for these parameters only.					<b>Total Test Category Annual Fee</b>	\$

**TOTAL ANNUAL FEE CALCULATION:**

<b>Total Test Category Annual Fee</b> <i>(As noted in the table above)</i>	\$
<b>Annual Surveillance and Evaluation Fee (ASEF)</b> <i>Add \$330, if you checked only one Test Category above.</i>	\$
<b>Total Annual Fee for Your Laboratory/Stack Tester</b> <i>Total Test Category Annual Fee + ASEF (if applicable)</i>	\$



**J. Quality Control:** Mark (X) the quality control practices below that apply to your laboratory with the frequency performed.

Quality Control	Yes	No	Frequency	Comments
Quality Assurance Plan *				
Standard Operating Procedures *				
Initial Demonstration of Precision and Accuracy for each Method, each Instrument, and each Analyst				
Method Detection Limit Study				
Chain of Custody				
Sample Identification System				
Documented Standard Curve for each Method and Analyte				
Standard Curve Checked Prior to each Sample Set				
Verify Curve Every Ten Samples or as by Method				
Laboratory Reagent Blanks				
Use of Spiked Samples for Recovery Data				
Use of Known Reference Samples				
Use of Duplicate Samples				
QC Charts or Tabulations				
Service Schedule on Balances and Thermometers				
Use of NIST Class S or S-1 or ASTM Class 1, 2, or 3 Weights				
Dating of Chemicals upon Receipt, Opening, etc.				
Chemical Inventory Log				
Standard Preparation and Training Records				
Column Inventory Log				
GC, GC/MS Maintenance Log				
Use of Field and/or Trip Blanks				
Use of Field Duplicates				
Use of Laboratory Control Samples				
Electronic Data Management				
Management Review of Data				
QA Manager Review of Data				
Update of Standard Operating Procedures				
Update of Quality Assurance Plan				
Instrument Service Contracts				
Oven and Refrigerator Temperature Records				

\* The laboratory's Quality Assurance Plan and a List of Standard Operating Procedures must accompany the completed application form.

**K. Statement of Validation:**

I have read LAC 33:I.Subpart 3, the Louisiana Environmental Laboratory Accreditation Rule.

In accordance with that Rule, as the designated Laboratory Representative, I submit this completed Application to the Louisiana Environmental Laboratory Accreditation Program. I attest that the information in this application is true, accurate and complete to the best of my knowledge.

In accordance with LAC 33:I.5707, I agree to notify the Environmental Laboratory Accreditation Program within 30 days of changes in laboratory name, laboratory representative, ownership, laboratory technical director, location, personnel, facilities, equipment, methodology, and/or record keeping practices, or any other factors significantly affecting the performance of the analyses for which the laboratory was accredited.

I agree to notify the Environmental Laboratory Accreditation Program in advance of any change in ownership.

With the attached application(s), I hereby apply for accreditation in accordance with the terms listed in LAC 33:I.Subpart 3, Laboratory Accreditation.

\_\_\_\_\_  
Name of Laboratory Representative (type or print legibly)

\_\_\_\_\_  
Signature of Laboratory Representative

\_\_\_\_\_  
Date

**L. Designation of Laboratory Representative:**

Laboratory or Stack Testers Letterhead  
with address in the header or footer (or type in)

Date

Louisiana Department of Environmental Quality  
Office of Environmental Services  
Permit Support Services Division  
Louisiana Environmental Laboratory Accreditation Program  
P.O. Box 4313  
Baton Rouge, LA 70821-4313

Re: Designation of Laboratory/Stack Tester Representative

Dear Sir:

In accordance with Louisiana Environmental Regulation Code, LAC 33.I.4703.D, as proprietor of \_\_\_\_\_,  
I designate \_\_\_\_\_ as the Laboratory/Stack Tester Representative. He/she has the  
responsibility of ensuring the laboratory complies with the criteria and conditions for accreditation and has the authority to  
bind the company in a legal manner.

\_\_\_\_\_  
(Proprietor's Signature and Date)

\_\_\_\_\_  
(Type or Print Name)

\_\_\_\_\_  
(Type or Print Title)

***THIS IS A SAMPLE FORM.***

**M. Attestation of Compliance Form:**

**ATTESTATION OF COMPLIANCE**

I, \_\_\_\_\_ of \_\_\_\_\_  
(Laboratory Director or QA Officer) (Laboratory/ Stack Tester Name)

understand and acknowledge that the laboratory is required to be continually in compliance with all the provisions and standards set forth in the Louisiana Administrative Code (LAC), Title 33, Chapter I, Subpart 3, "Laboratory Accreditation", and that the laboratory shall be subject to suspension, revocation, and denial of accreditation in accordance with the provisions of LAC 33:I.5705.

I further attest that all certified environmental analyses performed are done in accordance with the provisions and standards in LAC Title 33, Chapter I, Subpart 3. I hereby certify that I am authorized to sign this application on behalf of the applicant/owner and that there are no misrepresentations in my answers to the questions on the application for accreditation. The information, statements, facts, and representations given and made are true and correct, and I am aware that any misrepresentations or falsifications constitute grounds for suspension, revocation, or denial of accreditation.

\_\_\_\_\_  
Signature, QA Officer or other designated  
responsible individual

\_\_\_\_\_  
Printed Name of Quality Assurance  
Officer

\_\_\_\_\_  
Printed Legal Name of Laboratory/ Stack  
Tester

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Technical Director

\_\_\_\_\_  
Printed Name, Technical Director