



LELAP

LOUISIANA ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM

LABORATORY AND STACK TESTER ACCREDITATION APPLICATION

APPLICATION CHECKLIST

CHECKLIST OF REQUIRED SUBMITTALS

The following items are required to be submitted as part of your application for laboratory accreditation. Refer to instructions for each labeled application part. Please type or print legibly.

If you have any questions, please contact the LELAP at LDEQ.LabAccreditationProgram@LA.GOV.

Submit to LELAP by Mail, Email, File Drop, or Delivery	<input type="checkbox"/> Part A Basic Information Form <input type="checkbox"/> Part B Laboratory Management Qualifications Summary <input type="checkbox"/> Part C Quality Management System Checklist (State or NELAP)	pp. 2-3 pp. 4-6 p. 7
Submit to LELAP by Mail, Delivery, or Online	<input type="checkbox"/> Part D Application Fee Payment Information	pp. 8-9
Submit Electronically to LELAP by Email AND Hardcopy to LELAP by Mail or Delivery	<input type="checkbox"/> Part E Scope (Fields) of Accreditation Request	pp. 10-11
Submit signed original to LELAP by Mail or Delivery	<input type="checkbox"/> Part F Certification of Compliance (Signed Original-Not a Copy)	p. 12
Submit to LELAP by Mail, Email, File Drop, or Delivery	<input type="checkbox"/> Part G Laboratory Quality Assurance Manual <input type="checkbox"/> Part H Laboratory Standard Operating Procedures <input type="checkbox"/> Part I Proficiency Testing Studies /Approved Alternative <input type="checkbox"/> Part J Certificate & Scope (Secondary Accreditation Only)	p. 13 p. 14 p. 15 p. 16

FOR APPLICATION SUBMITTAL

File Drop

Notify LELAP if you will submit using your file drop

Email Address

LDEQ.LabAccreditationProgram@LA.GOV

Address for U.S. Mail

LELAP
Office of Environmental Services
LA Dept. of Environmental Quality
P. O. Box 4313
Baton Rouge, LA 70821-4313

Address for Service Carrier or Hand-Delivery

LELAP
Office of Environmental Services
LA Dept. of Environmental Quality
Galvez Bldg. / 602 North 5th St.
Baton Rouge, LA 70802

FOR APPLICATION FEE SUBMITTAL

Address for U.S. Mail

LELAP
Office of Environmental Services
LA Dept. of Environmental Quality
P. O. Box 4311
Baton Rouge, LA 70821-4311

Address for Service Carrier or Hand-Delivery

LELAP
Office of Environmental Services
LA Dept. of Environmental Quality
Galvez Bldg. / 602 North 5th St.
Baton Rouge, LA 70802

Online Payments

<https://business.deq.louisiana.gov/>

	LELAP LOUISIANA ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM APPLICATION	FOR OFFICE USE ONLY	
		Check No.	
		Check Amount/Date	
		LELAP Lab ID No.	
		Agency Interest No.	
		EPA Lab ID	
Mobile Lab ID			

PART A	BASIC INFORMATION FORM
---------------	-------------------------------

I. GENERAL INFORMATION

Name of Facility	Agency Interest No. _____				
Facility Hours					
Facility Geographic Location	Latitude _____	Longitude _____			
Addresses	Street or P.O. Box	City	State	Zip	Parish
Physical	_____	_____	_____	_____	_____
Mailing	_____	_____	_____	_____	_____
Billing	_____	_____	_____	_____	_____
Driving Description					

II. TYPE OF LELAP ACCREDITATION REQUESTED

<input type="checkbox"/>	State-only	<input type="checkbox"/>	Primary	In accordance with all the provisions and standards set forth in the Louisiana Administrative Code (LAC), Title 33, Chapter I, Subpart 3, "Laboratory Accreditation"
<input type="checkbox"/>	NELAP	<input type="checkbox"/>	Primary	In accordance with all the provisions and standards set forth in the Louisiana Administrative Code (LAC), Title 33, Chapter I, Subpart 3, "Laboratory Accreditation" and the 2016 TNI Standard
<input type="checkbox"/>	Other Recognized Accreditation Body (AB)	<input type="checkbox"/>	Secondary	In accordance with all the provisions and standards set forth in the Louisiana Administrative Code (LAC), Title 33, Chapter I, Subpart 3, "Laboratory Accreditation" and all the provisions and standards of the respective accreditation body (EX: AASHTO by AAP; ISO 17025 by GAI-LAP and NVLAP; NLLP by AIHA or A2LA; NEFAP by A2LA; or AIHA Policy Module by AIHA)
<input type="checkbox"/>	Combination of Accreditation Types	See requested scope		

III. PURPOSE AND TYPE OF APPLICATION

<input type="checkbox"/>	Initial Accreditation	<input type="checkbox"/>	Small Commercial Laboratory
<input type="checkbox"/>	Reaccreditation	<input type="checkbox"/>	Commercial Mobile/Field Laboratory
<input type="checkbox"/>	Modify Scope of Accreditation	<input type="checkbox"/>	Commercial Louisiana (Local or State) or Federal Laboratory
<input type="checkbox"/>	Renewal Accreditation	<input type="checkbox"/>	Non-Commercial Industrial Laboratory
<input type="checkbox"/>	Change of Address, Ownership, or Key Staff	<input type="checkbox"/>	Non-Commercial Local or State Laboratory (Not in Louisiana)
<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Non-Commercial Louisiana (Local or State) or Federal Laboratory
		<input type="checkbox"/>	Commercial Laboratory

IV. LABORATORY TYPE

**LELAP**
**LOUISIANA ENVIRONMENTAL LABORATORY
ACCREDITATION PROGRAM
APPLICATION**
PART A (cont'd)**BASIC INFORMATION FORM****V. OWNER**

Name _____

Street or P. O. Box _____

City _____

State _____

Zip _____

Address _____

Phone _____ Fax _____ Email _____

VI. PRIMARY CONTACT-DESIGNATED TO ACT AS LABORATORY REPRESENTATIVE

Name _____

Title _____

Dept. _____

Street or P. O. Box _____

City _____

State _____

Zip _____

Address _____

Phone _____ Fax _____ Email _____

VII. OTHER KEY CONTACTS

Name of Responsible Official _____

Phone _____ Fax _____ Email _____

Name of Lab Technical Director _____

Phone _____ Fax _____ Email _____

Name of Quality Assurance Officer _____

Phone _____ Fax _____ Email _____

VIII. INSTRUMENTS USED

	LELAP LOUISIANA ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM APPLICATION	FOR OFFICE USE ONLY	
		LELAP Lab ID No.	
		Agency Interest No.	
		EPA Lab ID	
		Mobile Lab ID	
Applicant	<input type="checkbox"/> meets requirements <input type="checkbox"/> does not meet requirements		
PART B			
LABORATORY MANAGEMENT QUALIFICATIONS			

I. GENERAL INFORMATION										
Title <u>LAB TECHNICAL DIRECTOR</u>			Date Started <u>Current Position</u> _____							
Name _____			Phone _____							
Discipline(s) <i>(Select all that apply)</i>		<input type="checkbox"/> Chemical Analysis (CHEM) <input type="checkbox"/> Radiochemistry (RADIO)		<input type="checkbox"/> Microbiology (MICROB) <input type="checkbox"/> Microscopy (MICROS)		<input type="checkbox"/> Quality Assurance (QA) <input type="checkbox"/> Other (OTH) _____				
II. EDUCATION										
From Mon/Yr	To Mon/Yr	College/University	City, State	Major & Degree	Year Completed	Semester Credit Hours Per Discipline				
						CHEM:		MICROB:		QA:
						RADIO:		MICROS:		OTH:
						CHEM:		MICROB:		QA:
						RADIO:		MICROS:		OTH:
						CHEM:		MICROB:		QA:
						RADIO:		MICROS:		OTH:
III. TECHNICAL TRAINING										
From Mon/Yr	To Mon/Yr	Technical Trade/Service	City, State	Subject & Certificate	Year Completed	Semester Credit Hours Per Discipline				
						CHEM:		MICROB:		QA:
						RADIO:		MICROS:		OTH:
IV. RELEVANT EXPERIENCE										
From Mon/Yr	To Mon/Yr	Employer Name	City, State	Job Title & Description						
V. ADDITIONAL TRAINING OR EXPERIENCE, IF ANY (ATTACH EXTRA PAGE, IF NEEDED)										

	LELAP LOUISIANA ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM APPLICATION	FOR OFFICE USE ONLY	
		Applicant	<input type="checkbox"/> meets requirements <input type="checkbox"/> does not meet requirements
PART B (cont'd)	LABORATORY MANAGEMENT QUALIFICATIONS		

VI. GENERAL INFORMATION								
Title <u>QUALITY ASSURANCE OFFICER</u>				Date Started <u>Current Position</u> _____				
Name _____				Phone _____				
Discipline(s) <i>(Select all that apply)</i>		<input type="checkbox"/> Chemical Analysis (CHEM)		<input type="checkbox"/> Microbiology (MICROB)		<input type="checkbox"/> Quality Assurance (QA)		
		<input type="checkbox"/> Radiochemistry (RADIO)		<input type="checkbox"/> Microscopy (MICROS)		<input type="checkbox"/> Other (OTH) _____		
VII. EDUCATION								
From Mon/Yr	To Mon/Yr	College/University	City, State	Major & Degree	Year Completed	Semester Credit Hours Per Discipline		
						CHEM:	MICROB:	QA:
						RADIO:	MICROS:	OTH:
						CHEM:	MICROB:	QA:
						RADIO:	MICROS:	OTH:
						CHEM:	MICROB:	QA:
						RADIO:	MICROS:	OTH:
VIII. TECHNICAL TRAINING								
From Mon/Yr	To Mon/Yr	Technical Trade/Service	City, State	Subject & Certificate	Year Completed	Semester Credit Hours Per Discipline		
						CHEM:	MICROB:	QA:
						RADIO:	MICROS:	OTH:
IX. RELEVANT EXPERIENCE								
From Mon/Yr	To Mon/Yr	Employer Name	City, State	Job Title & Description				
X. ADDITIONAL TRAINING OR EXPERIENCE, IF ANY (ATTACH EXTRA PAGE, IF NEEDED)								

	LELAP LOUISIANA ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM APPLICATION	FOR OFFICE USE ONLY	
		Applicant	<input type="checkbox"/> meets requirements <input type="checkbox"/> does not meet requirements
PART B (cont'd)	LABORATORY MANAGEMENT QUALIFICATIONS		

ALL OTHER PERSONNEL Please make copies of this page for additional personnel. Please note primary responsibilities. A roster may be submitted with more than 20 staff members.

XI. GENERAL INFORMATION								
Title _____		Date Started Current Position _____						
Name _____		Phone _____						
Discipline(s) <i>(Select all that apply)</i>		<input type="checkbox"/> Chemical Analysis (CHEM)		<input type="checkbox"/> Microbiology (MICROB)		<input type="checkbox"/> Quality Assurance (QA)		
		<input type="checkbox"/> Radiochemistry (RADIO)		<input type="checkbox"/> Microscopy (MICROS)		<input type="checkbox"/> Other (OTH) _____		
XII. EDUCATION								
From Mon/Yr	To Mon/Yr	College/University	City, State	Major & Degree	Year Completed	Semester Credit Hours Per Discipline		
						CHEM:	MICROB:	QA:
						RADIO:	MICROS:	OTH:
						CHEM:	MICROB:	QA:
						RADIO:	MICROS:	OTH:
						CHEM:	MICROB:	QA:
						RADIO:	MICROS:	OTH:
XIII. TECHNICAL TRAINING								
From Mon/Yr	To Mon/Yr	Technical Trade/Service	City, State	Subject & Certificate	Year Completed	Semester Credit Hours Per Discipline		
						CHEM:	MICROB:	QA:
						RADIO:	MICROS:	OTH:
XIV. RELEVANT EXPERIENCE								
From Mon/Yr	To Mon/Yr	Employer Name	City, State	Job Title & Description				
XV. ADDITIONAL TRAINING OR EXPERIENCE, IF ANY								



LELAP

LOUISIANA ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM APPLICATION

PART C

QUALITY MANAGEMENT SYSTEM CHECKLIST

FOR OFFICE USE ONLY	
LELAP Lab ID No.	
Agency Interest No.	
EPA Lab ID	
Mobile Lab ID	

Please provide documentation of the laboratory's compliance with the applicable requirements as indicated in II, III, or IV.

NOTE: If your checklist responses reference any quality management system documents other than the laboratory's QA Manual or an SOP, label as "Part C" and attach to the checklist submittal. The application package must include submittal of the laboratory's QA Manual (labeled as "Part G") and SOPs (labeled as "Part H").

I. FACILITY IDENTIFICATION

Name of Facility _____ Agency Interest No. _____

II. STATE-ONLY ACCREDITATION

For State-only Accreditation, in accordance with all the provisions and standards set forth in the Louisiana Administrative Code (LAC), Title 33, Chapter I, Subpart 3, "Laboratory Accreditation," complete the [State Checklist](#).

For each requirement, indicate document name, section and/or page number where laboratory's compliance with the state requirement is documented.

NOTE: Submission of the checklist IS NOT required at this time. LELAP may request this information at a later date.

III. NELAP ACCREDITATION

For NELAP Accreditation, in accordance with all the provisions and standards set forth in the Louisiana Administrative Code (LAC), Title 33, Chapter I, Subpart 3, "Laboratory Accreditation" and the 2016 TNI Standard, complete the [NELAP Checklist](#).

For each requirement, indicate document name, section and/or page number where laboratory's compliance with the NELAP requirement is documented.

NOTE: Submission of the checklist IS NOT required at this time. LELAP may request this information at a later date.

IV. OTHER RECOGNIZED ACCREDITATION

For other recognized accreditation, in accordance with all the provisions and standards of AASHTO by AAP, ISO 17025 by GAI-LAP and NVLAP, NLLP by AIHA or A2LA, NEFAP by A2LA, or AIHA Policy Module by AIHA, provide the completed checklist required by the respective accreditation body.

For each requirement, indicate document name, section and/or page number where laboratory's compliance with the respective requirement is documented.

NOTE: Submission of the checklist IS NOT required at this time. LELAP may request this information at a later date.



LELAP

**LOUISIANA ENVIRONMENTAL LABORATORY
ACCREDITATION PROGRAM
APPLICATION**

FOR OFFICE USE ONLY

LELAP Lab ID No. _____

Agency Interest No. _____

EPA Lab ID _____

Mobile Lab ID _____

PART D

FEES PAYMENT INFORMATION

****ALL FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE****

All LELAP application fees must be submitted to LELAP using one of the appropriate addresses listed on the cover page/checklist (p. 1) or on the fee page (p. 9) of this application. Application fees are due to LELAP at the time of the application submission and every three years from the date the application was received by the LDEQ. Please see the following page for fee amounts. If the correct fee amount is not submitted, a LELAP staff member will contact you.

NOTE: Invoiced fees must be submitted as indicated on p. 9.

NOTE: No application review occurs until LELAP verifies that the correct fee amount has been received.

Please provide the following information regarding your fee payment.

I. FACILITY IDENTIFICATION

Name of Facility _____ Agency Interest No. _____

II. FEE PAYMENT TYPE

<input type="checkbox"/> Check	Amount \$ _____	Check Date _____	Check No. _____
<input type="checkbox"/> Money Order	Amount \$ _____	Money Order Date _____	Money Order No. _____
<input type="checkbox"/> Online	Amount \$ _____	Transaction Date _____	Receipt No. _____

III. METHOD OF SUBMITTAL

U.S. Mail
 Service Carrier
 Hand-Delivery
 Online

Submit this page to LELAP as indicated on the cover page/checklist (p. 1) of this application.

**LELAP****LOUISIANA ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM****FEES PAYMENT INFORMATION******ALL FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE****

In accordance with LAC 33:I.4707.D, effective July 1, 2022, the fees associated with laboratory accreditations are as follows:

Fee Category	Type of LELAP Accreditation Requested					
	State		NELAP		Other Recognized	
	Laboratories in LA	Laboratories Outside LA	Laboratories in LA	Laboratories Outside LA	Laboratories in LA	Laboratories Outside LA
Accreditation application fee payable for initial accreditation, every scope amendment, and every three-year renewal	\$ 726	\$ 1,089	\$ 1,089	\$ 1,452	\$ 726	\$ 1,089
Per major test category per matrix payable every year	\$ 363	\$ 545	\$ 545	\$ 726	\$ 363	\$ 545
Minor conventional category payable every year	\$ 290	\$ 435	\$ 435	\$ 580	\$ 290	\$ 435
Annual surveillance and evaluation applicable to minor conventional facilities and facilities applying for only one category of accreditation	\$ 363	\$ 545	\$ 545	\$ 726	\$ 363	\$ 545
Annual fee for dependent mobile laboratories, per mobile laboratory	\$ 363	\$ 545	\$ 545	\$ 726	\$ 363	\$ 545
Interim accreditation application fee, at the discretion of the LDEQ (see LAC 33:I.4703.E)	\$ 1,452	\$ 2,178	\$ 2,178	\$ 2,904	\$ 1,452	\$ 2,178
Proficiency samples biannually	to be purchased by the laboratory					
Bioassay/biomonitoring annually	to be purchased by the laboratory					
Third-party audit	to be billed directly to the laboratory					

The major test category-matrices are as follows:

AE-Metals	AE-Asbestos	NPW-Nutrients	NPW-Minor Conventional	SCM-Radiochemistry
AE-Air Pollutants	BT-Metals	NPW-Microbiology	SCM-Metals	SCM-Asbestos
AE-Nutrients	BT-Nutrients	NPW-Bioassay	SCM-Nutrients	SCM-Geotechnical
AE-Microbiology	BT-Organics	NPW-Organics	SCM-Microbiology	SCM-Minor Conventional
AE-Organics	BT-Dioxins	NPW-Dioxins	SCM-Bioassay	
AE-Dioxins	BT-Radiochemistry	NPW-Radiochemistry	SCM-Organics	
AE-Radiochemistry	NPW-Metals	NPW-Asbestos	SCM-Dioxins	

NOTE: New applicants: See the scope application spreadsheet to match the methods and analytes with the test category-matrix combinations to determine the total test category-matrix fee.

NOTE: Accredited labs: Ask your assessor for a spreadsheet of your current scope.

All fees must be submitted to the LELAP using one of the following:

<u>Application Fee (U.S. Mail)</u>	<u>Application Fee (Service Carrier/Hand Delivery)</u>	<u>Other Invoiced Fees</u>	<u>Online Payments</u>
LELAP	LELAP	State of LA	https://business.deq.louisiana.gov/
Office of Environmental Services	Office of Environmental Services	DEQ	
LA Dept. of Environmental Quality	LA Dept. of Environmental Quality	P. O. Box 733676	
P. O. Box 4311	Galvez Bldg. / 602 North 5 th St.	Dallas, TX 75373-3676	
Baton Rouge, LA 70821-4311	Baton Rouge, LA 70802		

PLEASE NOTE: Application fees are due at the time of the application submission and every three years from the date the application was received by the LDEQ. If invoices are issued for other fees, submit payment and payment coupon as indicated on the invoice. Alternatively, all LELAP fees may be paid online <https://business.deq.louisiana.gov/>. Test category-matrix fees (surveillance and evaluation fees, and NELAP accreditation fees, if applicable) are payable after the application and/or the initial audit is determined to be complete during the current fiscal year, then prior to the start of the next fiscal year. Audit fees for audits performed by LELAP personnel are due as stated in the invoice issued by the LDEQ Financial Services Division.



LELAP

**LOUISIANA ENVIRONMENTAL LABORATORY
ACCREDITATION PROGRAM
APPLICATION**

FOR OFFICE USE ONLY

LELAP Lab ID No. _____

Agency Interest No. _____

EPA Lab ID _____

Mobile Lab ID _____

PART E

SCOPE OF ACCREDITATION REQUEST

Please provide the required information to LELAP regarding the requested scope of accreditation.

I. FACILITY IDENTIFICATION

Name of Facility _____

Agency Interest No. _____

II. REQUESTED SCOPE OF ACCREDITATION

A. Selection of Matrix/Method/Analyte Combinations

You must select the matrix/method/analyte combinations for which you are seeking accreditation. Complete the [Lab Accreditation Scope of Accreditation Request Spreadsheet](#).

If clicking on the above link does not take you to the request form, paste the address,

<https://www.deq.louisiana.gov/index.cfm/page/71076824-A86C-2FCA-CC901431BD2C8B34>, into the address bar of a new browser window. On the “Applying for Accreditation” screen, select *Scope of Accreditation Request Spreadsheet*.

NOTE: See the [guidance](#) document for instructions on properly completing the spreadsheet.

Label the electronic submittal of your requested scope of accreditation document “PART E” and submit to LELAP as indicated on the cover page/checklist (p. 1) of this application.

AND

Attach this page to the hard copy of your requested scope of accreditation document and submit to LELAP as indicated on the cover page/checklist (p. 1) of this application.

B. New Field of Accreditation (FOA) Request

If the matrix/method/analyte combination that you are seeking does not currently exist on the above *Scope of Accreditation Request Spreadsheet*, then use the *New Field of Accreditation (FOA) Request Form* on p. 11. Use a request form for each new matrix/method/analyte combination requested (copy p. 11 as needed).

AND

Submit p. 11 to LELAP as indicated on the cover page/checklist (p. 1) of this application.



LELAP

LOUISIANA ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM APPLICATION

PART E (cont'd)

SCOPE OF ACCREDITATION - NEW FIELD OF ACCREDITATION (FOA) REQUEST

FOR OFFICE USE ONLY

LELAP Lab ID No. _____

Agency Interest No. _____

EPA Lab ID _____

Mobile Lab ID _____

Complete this form **ONLY** if your requested Matrix/Method/Analyte combination is not found in the [Lab Accreditation Scope of Accreditation Request Spreadsheet](#)

Use a separate form for each Matrix/Method/Analyte combination (copy this page as needed). All requests will be evaluated by LELAP. Submission of request does not guarantee approval.

I. FACILITY IDENTIFICATION

Name of Facility _____ Agency Interest No. _____

II. PURPOSE OF ACCREDITATION

Lab intends to submit data to LDEQ to satisfy regulatory requirement(s)
 Lab data is intended for other function

III. INFORMATION REGARDING REQUESTED SCOPE OF ACCREDITATION

Type of Accreditation Requested

State-Only NELAP Other Recognized Accreditation _____
 Primary Primary Secondary
 Secondary

Matrix

Non-Potable Water Solid Chemical Materials Air Emissions Biological Tissue

Method Name _____ (Example: EPA 200.7)

Method NELAP Code _____ (Example: 10014207)

Method Title or Description _____

Method Revision (if known) _____ Method Date (if known) _____

Technology Used _____ (Example: GC-FID, Ion Selective Electrode, etc.)

Test Categories _____

Analyte Name(s)

Analyte NELAP Code(s)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Submit this page to LELAP as indicated on the cover page/checklist (p. 1) of this application.



LELAP

LOUISIANA ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM

APPLICATION

PART F

CERTIFICATION OF COMPLIANCE

FOR OFFICE USE ONLY

LELAP Lab ID No. _____

Agency Interest No. _____

EPA Lab ID _____

Mobile Lab ID _____

Please indicate whether you are certifying compliance with State and TNI Standard (NELAP) accreditation requirements; State and other recognized accreditation requirements; OR State-only accreditation requirements by checking ONE of the boxes below. Submit the signed original (NOT A COPY) of this form to LELAP with an initial application or an update by mail or delivery to the appropriate address as shown on the cover page/checklist (p. 1) of this application form.

Name of Facility _____

Agency Interest No. _____

CERTIFICATION OF COMPLIANCE
(For Application or Update)

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 certification to the Louisiana Environmental Laboratory Accreditation Program. I attest that the information in this certification is, to the best of my knowledge and belief, true and correct, and I am aware that any misrepresentations or falsifications made to the LDEQ constitute grounds for further suspension, discreditation, or denial of accreditation.

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

I understand and acknowledge that the laboratory is required to be continually in compliance with:

Check this box for state-only accreditation

→ all the provisions and standards set forth in the Louisiana Administrative Code (LAC), Title 33, Chapter I, Subpart 3, "Laboratory Accreditation"

OR

Check this box for NELAP accreditation

→ all the provisions and standards set forth in the Louisiana Administrative Code (LAC), Title 33, Chapter I, Subpart 3, "Laboratory Accreditation" and the 2016 TNI Standard

OR

Check this box for other recognized accreditation

→ all the provisions and standards set forth in the Louisiana Administrative Code (LAC), Title 33, Chapter I, Subpart 3, "Laboratory Accreditation" and all the provisions and standards of the respective accreditation body

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 hereby certify that I am authorized to sign this certification on behalf of the applicant/owner and that there are no misrepresentations in my answer to the questions on this certification.

TYPED OR PRINTED NAMES BELOW

SIGNATURES BELOW

Authorized Agent/Representative

Authorized Agent/Representative

Date _____

Lead Laboratory Manager/Lead Technical Director

Lead Laboratory Manager/Lead Technical

Date _____

Quality Assurance Officer

Quality Assurance Officer

Date _____

Submit signed original (NOT A COPY) to LELAP as indicated on cover page/checklist (p. 1) of this application form.

	LELAP LOUISIANA ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM APPLICATION	FOR OFFICE USE ONLY	
		LELAP Lab ID No.	
		Agency Interest No.	
		EPA Lab ID	
		Mobile Lab ID	
PART G	LABORATORY QUALITY ASSURANCE (QA) MANUAL		

Submission of your laboratory's QA Manual is required for the following applications for primary accreditation by LELAP:

- Initial accreditation;
- Renewal of accreditation;
- Reaccreditation; and
- Modification of scope of accreditation.

NOTE: *Please refer to the appropriate checklist (see PART C) to ensure that your laboratory's QA Manual contains the required information.*

I. FACILITY IDENTIFICATION

Name of Facility _____ Agency Interest No. _____

II. APPLICATION TYPE

Please Mark Application Type	Submit QA Manual Information as Indicated Below
<input type="checkbox"/> Primary Accreditation by LELAP (NELAP or State-Only) <input type="checkbox"/> Initial accreditation <input type="checkbox"/> Renewal of accreditation <input type="checkbox"/> Reaccreditation <input type="checkbox"/> Modification of scope of accreditation	Submission of your QA Manual IS required. <i>Attach this page to your laboratory's QA Manual and submit to LELAP using the appropriate address as listed on the cover page/checklist (p. 1) of this application.</i>
<input type="checkbox"/> Secondary Accreditation by LELAP (NELAP or Other Recognized Accreditation) <input type="checkbox"/> Initial accreditation <input type="checkbox"/> Renewal of accreditation <input type="checkbox"/> Reaccreditation <input type="checkbox"/> Modification of scope of accreditation	Submission of your QA Manual IS NOT required at this time. <i>NOTE: LELAP may request this information at a later date.</i> <i>Submit this page to LELAP using the appropriate address as listed on the cover page/checklist (p. 1) of this application.</i>

	LELAP LOUISIANA ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM APPLICATION	FOR OFFICE USE ONLY	
		LELAP Lab ID No.	
		Agency Interest No.	
		EPA Lab ID	
		Mobile Lab ID	
PART H	LABORATORY STANDARD OPERATING PROCEDURES (SOPs)		

Submission of your laboratory's SOPs is required for the following applications for primary accreditation by LELAP:

- Initial accreditation;
- Renewal of accreditation;
- Reaccreditation; and
- Modification of scope of accreditation.

NOTE: *Please refer to the appropriate checklist (see PART C) to ensure that your laboratory's SOPs contain the required information.*

I. FACILITY IDENTIFICATION

Name of Facility _____ Agency Interest No. _____

II. APPLICATION TYPE

Please Mark Application Type	Submit SOP Information as Indicated Below
<input type="checkbox"/> Primary Accreditation by LELAP (NELAP or State-Only) <ul style="list-style-type: none"> <input type="checkbox"/> Initial accreditation <input type="checkbox"/> Renewal of accreditation <input type="checkbox"/> Reaccreditation <input type="checkbox"/> Modification of scope of accreditation 	<p>Submission of your SOPs IS required.</p> <p>Attach this page to your laboratory's SOPs and submit to LELAP using the appropriate address as listed on the cover page/checklist (p. 1) of this application.</p>
<input type="checkbox"/> Secondary Accreditation by LELAP (NELAP or Other Recognized Accreditation) <ul style="list-style-type: none"> <input type="checkbox"/> Initial accreditation <input type="checkbox"/> Renewal of accreditation <input type="checkbox"/> Reaccreditation <input type="checkbox"/> Modification of scope of accreditation 	<p>Submission of your SOPs IS NOT required at this time.</p> <p>NOTE: LELAP may request this information at a later date.</p> <p>Submit this page to LELAP using the appropriate address as listed on the cover page/checklist (p. 1) of this application.</p>

	LELAP LOUISIANA ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM APPLICATION	FOR OFFICE USE ONLY	
		LELAP Lab ID No.	
		Agency Interest No.	
		EPA Lab ID	
Mobile Lab ID			
PART I	PROFICIENCY TESTING (PT) STUDIES		

Please provide copies of your laboratory's Proficiency Testing Studies. Any alternative submittal* must be approved in advance by LELAP.

I. FACILITY IDENTIFICATION

Name of Facility _____ Agency Interest No. _____

II. TYPE OF ACCREDITATION REQUEST

Please Mark Accreditation Type	Submit PT Study Information as Indicated Below
<input type="checkbox"/> Primary Accreditation by LELAP (State-Only)	<p>Provide results of the most recent successful PT study for each parameter for which accreditation is requested (ONE set of study results).</p> <p><i>Attach this page to your laboratory's PT studies/ approved alternative* and submit to LELAP using the appropriate address as listed on the cover page/checklist (p. 1) of this application.</i></p>
<input type="checkbox"/> Primary Accreditation by LELAP (NELAP)	<p>Provide results of the TWO most recent successful PT studies for each parameter for which accreditation is requested.</p> <p><i>Attach this page to your laboratory's PT studies/ approved alternative* and submit to LELAP using the appropriate address as listed on the cover page/checklist (p. 1) of this application.</i></p>
<input type="checkbox"/> Secondary Accreditation by LELAP (NELAP)	<p>Submission of your PT study results IS NOT required at this time.</p> <p><i>NOTE: LELAP may request this information at a later date.</i></p> <p><i>Submit this page to LELAP using the appropriate address as listed on the cover page/checklist (p. 1) of this application.</i></p>
<input type="checkbox"/> Secondary Accreditation by LELAP (Other Recognized Accreditation)	<p>Submission of your PT study results IS NOT required at this time.</p> <p><i>NOTE: LELAP may request this information at a later date.</i></p> <p><i>Submit this page to LELAP using the appropriate address as listed on the cover page/checklist (p. 1) of this application.</i></p>

* Analytical Data Package for each parameter for which there is no PT study available

	LELAP LOUISIANA ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM APPLICATION	FOR OFFICE USE ONLY	
		LELAP Lab ID No.	
		Agency Interest No.	
		EPA Lab ID	
Mobile Lab ID			
PART J	CERTIFICATE AND SCOPE (FOR SECONDARY ACCREDITATION REQUESTS, ONLY)		

NOTE: This section pertains only to applicants who are requesting secondary accreditation from LELAP.

For secondary accreditation by LELAP, copies of your current certificate and scope of accreditation issued to your facility from your primary accreditation body must be provided to LELAP.

NOTE: You must arrange for these copies to be issued directly from the Primary Accreditation Body to LELAP.

NOTE: Copies may be submitted by mail, email, or delivery using the appropriate address as listed on the cover page/checklist (p. 1) of this application.

I. FACILITY IDENTIFICATION

Name of Facility _____ Agency Interest No. _____

II. SECONDARY ACCREDITATION REQUEST

- This application is for secondary accreditation by LELAP
- Copies of the laboratory's certificate and scope of accreditation will be sent to LELAP directly from the Primary Accreditation Body: _____
Print or type name of Primary Accreditation Body

Submit this page to LELAP as indicated on the cover page/checklist (p. 1) of this application.