

Application Date:
 LELAP Checklist Reviewer (initials/date) _____

FOR LDEQ USE ONLY	
Ck. No.	Date:
	Amt



Laboratory and Stack Tester Application

Department of Environmental Quality
 Office of Environmental Services
 Louisiana Environmental Laboratory Accreditation Program (LELAP)
 P.O. Box 4313
 Baton Rouge, LA 70802-4313
 (225)219-3247

PART A

Lab/Stack Tester ID No.:
 Agency Interest Number (AI No.):
 EPA Lab ID:
 Mobile Lab ID:

A. PURPOSE AND TYPE OF APPLICATION

- Initial Accreditation
- Reaccreditation
- Modify Scope of Accreditation
- Renewal Accreditation
- Change of Address, Ownership or Key Staff
- Other

B. LABORATORY TYPE

- Small Commercial Laboratory
- Commercial Mobile /Field Laboratory
- Commercial Louisiana (Local or State) or Federal Laboratory
- Non-Commercial Industrial Laboratory
- Non-Commercial Local or State Laboratory (Not in Louisiana)
- Non-Commercial Louisiana (Local or State) or Federal Laboratory
- Commercial Laboratory

C. GENERAL INFORMATION:

Laboratory/Stack Tester Name:

Facility Hours:

D. ADDRESSES:

Street or P.O. Box	City	State	Zip	Parish
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Physical
 Mailing
 Billing

Laboratory/Stack Tester Geographic Location:

Latitude: **Longitude:**

Driving Description:



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EPA Lab ID:
Mobile Lab ID:

E. OWNER:

Owner:

Address:

City:

State:

Zip:

F. Primary Contact:

Name:

Department

Title

Address:

City

State

Zip

Phone

Fax

Email

G. Other Key Contacts:

Name

Phone

Fax

Email

Responsible Official

Lab Technical Director

Quality Assurance Officer

H. Instruments Used:

None Selected