



Laboratory and Stack Tester Certification of Compliance

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 F

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

Lab/StackTester: _____

Certification of Compliance

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 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, 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 all the provisions and standards set forth in the Louisiana Administrative Code (LAC), Title 33, Chapter I, Subpart 3, "Laboratory Accreditation" and the 2009 TNI standard, 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.

TYPE OR PRINT (Authorized Agent/
Representative)

(Authorized Agent/Representative
Signature)

(Date)

TYPE OR PRINT (Lead Laboratory Manager)/
(Lead Technical Director)

(Lead Laboratory Manager) /
(Lead Technical Director)

(Date)

TYPE OR PRINT(Quality Assurance Officer)

(Quality Assurance Officer)

(Date)