

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
DIVISION OF HEALTH AND ENVIRONMENTAL LABORATORIES
Topeka, Kansas
APPLICATION FOR ENVIRONMENTAL FIELD LABORATORY ACCREDITATION

The following information is required in connection with the approval of field laboratory accreditation.

I. LABORATORY INFORMATION:

Name _____
(Legal Name of Facility)
If renewal accreditation, Certificate Number _____ & Expiration Date _____
Type of Laboratory Certification: Industrial _____ Municipal _____
Main Office Telephone Number (Area Code & 7 Digit) _____
Physical Location/Address _____
City _____ County _____ State _____ Zip Code _____
Mailing Address _____
City _____ County _____ State _____ Zip Code _____
Contact Person and job title _____
Phone Number for Contact Person _____ Fax Number _____
Contact Person EMAIL _____
Directions to the lab from Topeka, KS: _____

II. LABORATORY OWNERSHIP INFORMATION:

Name of Owner of Laboratory _____
Street Address _____
City _____ State _____ Zip Code _____
Is the ownership an _____ Individual _____ Partnership _____ Association; _____ or aCorp?
If a corporation, list the name & Address of your registered agent _____
Street Address _____
City _____ State _____ Zip Code _____
If incorporated, in what state: _____

III. I hereby make application to the Department of Health and Environment to be approved for performing certain chemical analyses on samples in accordance with K.S.A. 65-1, 109a. It is understood that before approval can be granted, the laboratory must be in compliance with all requirements as established by the Kansas Department of Health and Environment. I certify the information provided with this application is complete, true, and correct, and providing false information is a basis for revocation of laboratory accreditation.

Authorized Signature _____
Typed/Printed Name of Signature _____
Title _____ Date _____

IV. PERSONNEL

List name, job title, and education for each individual involved in the analysis of those parameters for which accreditation is being requested.

Name	Job Title	Education

V. FIELDS BEING REQUESTED FOR ACCREDITATION:

Check the field(s) in which you wish to become accredited.

- Field**
- 1 Chlorine (Total)
 - 2 Chlorine (Free)
 - 3 Dissolved Oxygen
 - 4 Hydrogen Ion (pH)
 - 5 Sulfite
 - 6 Temperature
 - 7 Turbidity

One field		\$200
Two or more fields		\$350
Total Enclosed		\$

VI. Federal Tax I.D. # _____

AUTHORITY FOR FEES ARE ESTABLISHED BY K.A.R. 28-15-37

SUBMIT COMPLETED APPLICATION FORM AND FEES TO:

Environmental Laboratory Accreditation Program Office
 Division of Health and Environmental Laboratories
 Kansas Department of Health and Environment
 6810 SE Dwight Street
 Topeka, Kansas 66620