

# State Water Resources Control Board

**APPLICATION FOR AMENDMENT OF ACCREDITATION**

**Environmental Laboratory Accreditation Program**

This application is ***for use by laboratories seeking amendment of an existing accreditation*** granted under the California Environmental Laboratory Accreditation Act (Chapter 4 commencing with Section 100825, Part 1, Division 101, of the California Health & Safety Code). Amendment includes a change in name, change in location, addition of a satellite or mobile laboratory to the existing accreditation, and/or addition or reinstatement of Field(s) of Accreditation to the current certificate.

**PART A – TYPE OF AMENDMENT**

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| Select all the apply:  Change in Name Only – *Complete Parts B, L, and M*  Change in Location – *Complete Parts C, G, H, I, J, L, and M*  Change in Location – Out-of-State Laboratory – *Complete Part C, G, K, L, and M*  Addition of a Satellite or Mobile Laboratory to Existing Accreditation – *Complete Parts D, F, G, I, J, L, and M*  Addition or Reinstatement of Field(s) of Accreditation to a current accreditation –*Complete Parts E, G, H, I, J, L and M*  Addition or Reinstatement of Field(s) of Accreditation to a current Out-of-State Laboratory certificate – *Complete Parts E, G, K, L, and M* |

**PART B – CHANGE OF NAME**

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| **Existing Name of Laboratory**: |
| **ELAP Certificate Number**: |
| **ELAP Certificate Expiration Date**: |
| **Laboratory Address** *(physical location):* |
| Street: |
| City: State**:** Zip: |

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| **Change Laboratory Name To**: |
| **Laboratory Contact Person**: |
| **Contact Email**: |
| **Contact Phone Number**: |

**PART C – CHANGE IN LOCATION**

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| **Name of Laboratory**: |
| **ELAP Certificate Number**: |
| **ELAP Certificate Expiration Date**: |
| **Old Laboratory Address** *(physical location):* |
| Street: |
| City: State**:** Zip: |
| **New Laboratory Address** *(physical location):* |
| Street: |
| City: State**:** Zip: |
| **New Laboratory Mailing Address** *(if different from physical location):* |
| Street: |
| City: State: Zip: |
| **Laboratory Contact Person**: |
| **Contact Email**: |
| **Contact Phone Number**: |
| **Is this a Mobile Laboratory?**  Yes  No |
| **If this is a Mobile Laboratory:**  Vehicle Make:  Vehicle License #:  Model:  State of Registration:  Vehicle ID #: |

**PART D – ADDITION OF A SATELLITE OR MOBILE LABORATORY TO EXISTING ACCREDITATION**

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| **Name of Laboratory**: |
| **ELAP Certificate Number**: |
| **ELAP Certificate Expiration Date**: |

*SATELLITE OR MOBILE LABORATORY INFORMATION*

A separate application is required for each satellite or mobile laboratory.

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| **Name of Laboratory**: |
| **Laboratory Address** *(physical location):* |
| Street: |
| City: State**:** Zip: |
| **Laboratory Mailing Address** *(if different from physical location):* |
| Street: |
| City: State: Zip: |
| **Is this a Mobile Laboratory?**  Yes  No |
| **If this is a Mobile Laboratory**:  Vehicle Make:  Vehicle License #:  Model:  State of Registration:  Vehicle ID #: |
| **Laboratory Technical Manager**: |
| **Laboratory Quality Manager**: |
| **Laboratory Owner**: |
| **Laboratory Contact Person**: |
| **Contact Email**: |
| **Contact Phone Number**: |
| **Laboratory Type** *(select one):*  Commercial  Federal  State  County  City  Public water system  Public wastewater system  Recycling Facility  Academic Institute  Hospital or health care  Industrial (with NPDES permit only)  Other: |
| **State Regulatory Agency the Laboratory Reports to** *(select all that apply):*  Division of Drinking Water  State Water Resources Control Board  Regional Water Quality Control Board(s):  Department of Toxic Substances Control  Department of Conservation  Other: |
| **Number of Full-time Technical Employees**: |
| **Number of Part-time Technical Employees**: |

**PART E – ADDITION OR REINSTATEMENT OF FIELD(S) OF ACCREDITATION**

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| **Name of Laboratory**: |
| **ELAP Certificate Number**: |
| **ELAP Certificate Expiration Date**: |
| **Laboratory Address** *(physical location):* |
| Street: |
| City: State**:** Zip: |

**PART F – LABORATORY PERSONNEL**

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| **Technical Manager**: |
| **Qualifications** *(include copies of applicable degrees and/or Laboratory Analyst/Water Quality Analyst Certificates):*  CCR 64812.00 (a) – Education + Experience  CCR 64812.00 (b) – CWEA Laboratory Analyst Certification  Grade: Expiration Date:  CCR 64812.00 (b) – CA-NV AWWA Water Quality Analyst Certification  Grade: Expiration Date: |
| **Quality Manager** *(if applicable):* |

**PART G – FIELD(S) OF ACCREDITATION TABLES**

Populate the Field(s) of Accreditation Tables for which the laboratory is seeking accreditation by placing a (Y) in the appropriate column. If you are seeking to add or reinstate methods to an existing certificate, select only the methods you are requesting be added – do not select the FOAs already on the certificate. Submit the Field(s) of Accreditation Tables in two formats:

1. Electronic Copies: Print the populated Field(s) of Accreditation Tables, sign the bottom of the first page of each Table, scan, and submit electronically.
2. Excel Copies: Submit the populated Field(s) of Accreditation Tables as Excel files so that ELAP can directly upload the requested Field(s) of Accreditation to ELAP’s database.

**PART H – QUALITY MANUAL**

Submit an electronic copy of the laboratory Quality Manual. The Quality Manual must meet the requirements of:

1. 2016 TNI Standard – Revision 2.1, Volume 1, Module 2, Section 4.2.8.3 and 4.2.8.4; or
2. California Code of Regulations (CCR), Section 64802.05 (b)(1)

*Note: Option B is not available after January 1, 2024*

**PART I – PROFICIENCY TESTING**

Submit electronic copies of the laboratory’s Proficiency Testing study results with acceptable scores for each Field(s) of Accreditation in the application. Proficiency Testing must meet the requirements of CCR, Section 64802.15.

Laboratories seeking accreditation for aquatic toxicity testing must include a current reference toxicant control chart for each method, species, and endpoint.

**PART J – ON-SITE ASSESSMENT**

Submit electronic copies of documentation from the laboratory’s On-Site Assessment that complies with the requirements of CCR Section 64802.20.

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| **Date of On-Site Assessment**: |
| **Assessment Performed By**:  ELAP  Third-Party Assessment (TPA) Agency  Organization Name: |
| **Checklist of Required Documents**:  Completion Letter  On-Site Assessment Report (OSAR)  Approved Corrective Action Plan (CAP)  Assessment Checklists (for TPA assessment only)  Laboratory’s Previous Corrective Action Plan |

**PART K – PRIMARY ACCREDITATION (FOR OUT-OF-STATE LABORATORIES ONLY)**

Submit electronic copies of documents for the laboratory’s primary accreditation.

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| **Primary Accrediting Body 1**: |
| **Certificate Start Date**: |
| **Certificate Expiration Date**: |
| **Checklist of Required Documents** *(must be official documents from the accrediting body):*  Certificate of Accreditation  Scope of Accreditation  On-Site Assessment Report  Approved Corrective Action Plan (CAP) |

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| **Primary Accrediting Body 2**: |
| **Certificate Start Date**: |
| **Certificate Expiration Date**: |
| **Checklist of Required Documents** *(must be official documents from the accrediting body):*  Certificate of Accreditation  Scope of Accreditation  On-Site Assessment Report  Approved Corrective Action Plan (CAP) |

**PART L – APPLICATION FEE   
TABLE MUST BE COMPLETED OR APPLICATION WILL BE RETURNED**

The amendment application includes a nonrefundable application fee based on the number for Fields of Accreditation in the amendment application. You will receive an invoice with instructions for payment once your application has been received.

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| **Fee Component** | **Price** | **My Cost** |
| Applications including 49 or fewer FOAs | $1,950 |  |
| Applications including 50 or more FOAs | $3,250 |  |
| **Total Amendment Application Fee** |  |  |

**PART M – CERTIFYING SIGNATURES**

The Technical Manager and Quality Manager below certify that the information contained in this application is true and re-affirm the laboratory’s commitment to compliance with the Environmental Laboratory Accreditation Act and its regulations (California Code of Regulations, title 22, chapter 19, articles 1 through 7):

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| **Name of Technical Manager**: |
| Signature: Date: |
| **Name of Quality Manager** *(if designated):* |
| Signature: Date: |

The owner, owner’s agent, or corporate officer authorized to act on behalf of the laboratory, is authorized to sign and submit this document and certifies that all information contained within is true and accurate.

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| **Name of Representative Submitting Application**: |
| Signature: Date: |

***For ELAP use ONLY***

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| Application Number: |
| Date Submitted: |
| Date Returned to Laboratory (if incomplete): |
| Date Complete: |
| Comments: |