

Date Received: _____ Application No.: _____
Date Approved: _____ Certification No.: _____
Date Denied: _____ Date Paid: _____

FOR VAP USE ONLY



Division of Environmental Response and Revitalization
Voluntary Action Program (VAP)

**VAP Laboratory Certification Form #1-A
Initial Certification Application
for
Mobile Laboratories**

*Please type or print the required information in the spaces provided. Additional pages may be attached in order to provide complete information. For guidance on completing this application, please refer to the **Instructions on How to Apply for Initial Certification for Mobile Laboratories**, and rule 3745-300-04 of the Ohio Administrative Code (OAC).*

SECTION A

GENERAL INFORMATION

1. Laboratory Name and Street Address. *Provide the full legal name.*

Laboratory Name _____

Street Address _____

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August 2014

City _____ State _____ Zip _____

2. Other Names currently d.b.a.: _____

3. Mailing Address (*if different from Item 1 above*).

Street Address or P.O. Box _____

City _____ State _____ Zip _____

4. Telephone Number (____ ____ ____) ____ ____ ____ - ____ ____ ____

Fax Number (____ ____ ____) ____ ____ ____ - ____ ____ ____

5. Owner(s) and Mailing Address. Specify the person(s), or entities owning laboratory. *If there is more than one owner, please list additional owners on a separate page.*

Owner Name _____

Mailing Address _____

City _____ State _____ Zip _____

6. Name of Laboratory Manager _____

Email address _____

Name of Quality Assurance Manager/Officer _____

Email address _____

SECTION B

LABORATORY HISTORY

1. List all previous business or legal names used by the laboratory and its affiliates within the last five years. *Attach a separate page, if needed.*
 - a. _____
 - b. _____
 - c. _____
 - d. _____

2. Provide the laboratory certificate number for the certification held by the fixed-base laboratory (issued by the Ohio EPA's Voluntary Action Program), *if applicable*: _____

SECTION C

AUTHORIZATIONS AND LEGAL HISTORY

1. Provide the name, title, and signature of the person(s) authorized to sign Affidavits on behalf of the laboratory as required by Ohio Revised Code Section 3746.20 and OAC rules 3745-300-04 and 3745-300-13. *If needed, attach a separate page.*

Name _____

Title _____

Signature _____

Name_____

Title_____

Signature_____

Name_____

Title_____

Signature_____

2. Has the laboratory ever had a certification suspended or revoked in whole or in part by any state or federal laboratory certification program?

Check either: Yes____ No____ *If yes, explain the circumstances on a separate attached page.*

3. Has the laboratory ever had a criminal or civil judgment against it for fraud, deceit, misrepresentation, forgery, or for professional errors, negligence, incompetence, or professional malpractice in the conduct of any laboratory operations?

Check either: Yes____ No____ *If yes, explain the circumstances on a separate attached page.*

4. Is the laboratory, Laboratory Manager, Quality Assurance Manager/Officer, or any other officer the subject of any past or pending disciplinary actions regarding the performance of the mobile laboratory, or the performance of any laboratory?

Check either: Yes ____ No ____ *If yes, explain the circumstances on a separate attached page.*

5. Has the Laboratory Manager, Quality Assurance Manager/Officer, or any other officer ever had a criminal or civil judgment against him/her for an action involving fraud, deceit, misrepresentation, forgery, or for professional errors, negligence, incompetence or professional malpractice in the conduct of any laboratory business?

SECTION E

AFFIDAVIT

State of _____)
County of _____) ss:

I, _____ [insert name of Affiant] being first duly sworn according to law deposes and state that upon my knowledge, information and belief:

1. I am an adult over the age of eighteen (18) years old and competent to testify herein.
2. I am employed as _____ [insert job title] with _____ [insert name of laboratory], and have responsibility for administration or operation of its mobile laboratory, VIN _____ [insert vehicle identification number] (the "mobile laboratory"). Further, I am authorized to submit this Application for Initial Certification on behalf of the mobile laboratory.
3. All statements made in this Application, including all documents attached hereto and submitted in support of the Application, are true, accurate and complete.

Further Affiant sayeth naught.

Signature of Affiant

Sworn to and subscribed before me this _____ day of _____, 20____.

seal:

Notary Public
My commission expires:_____

SECTION F

SUBMISSION OF THE APPLICATION, DOCUMENTATION, AND PAYMENT INFORMATION

Please submit the application and documentation listed in OAC rule 3745-300-04(D) to the address provided below. The laboratory will be invoiced for the actual costs incurred by the agency for the review of the application and associated documentation, including the agency's time for conducting a system audit. Payment of all costs must be made before a certification will be issued by the agency.

Ohio Environmental Protection Agency
Division of Environmental Response and Revitalization
Site Assistance & Brownfield Revitalization (SABR)
Lazarus Government Center
50 West Town Street
Suite 700
Columbus, Ohio 43215