

Date Received: _____	Application No.: _____
Date Approved: _____	Certification No.: _____
Date Denied: _____	Date Fee Paid: _____
<i>FOR VAP USE ONLY</i>	



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

## VAP Laboratory Certification Form #1 Application for Initial Certification

*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: “**Instructions on How to Apply for Initial Certification**”, and Ohio Administrative Code (OAC) rule 3745-300-04(effective **March 1, 2009**).*

### SECTION A

#### GENERAL INFORMATION

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

Laboratory Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- 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 the 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. \_\_\_\_\_

**SECTION C**

**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 judgement against it for fraud, deceit, misrepresentation, forgery, or for professional errors, negligence, incompetence, or professional malpractice in the conduct of laboratory operations?

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

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

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 of the laboratory ever:

- (i) been convicted of a felony or misdemeanor involving fraud, deceit, misrepresentation, or forgery?

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

- (ii) had a criminal or civil judgement against him/her for an action involving fraud, deceit, misrepresentation, forgery, or for professional errors, negligence, incompetence or professional malpractice in the conduct of laboratory business?

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





**SECTION E**

**AFFIDAVIT**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) signed and sworn:

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. The Laboratory has received acceptable proficiency testing (PT) results, as set forth in OAC rule 3745-300-04(C), for the analytes, parameter groups and methods listed on the Application.
3. All statements made in this Application for Initial Certification of [*insert name of Laboratory*], 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 before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

seal:

\_\_\_\_\_  
Notary Public  
My commission expires:\_\_\_\_\_

## SECTION F

### **SUBMISSION OF THE APPLICATION, DOCUMENTATION, AND FEE**

The laboratory must submit this application along with the documentation listed in OAC rule 3745-300-04(D)(1), the completed Affidavit (see *Section E*), and the check or money order made payable to the order of "Treasurer, State of Ohio" for the \$5,000.00 non-refundable fee required by OAC rule 3745-300-03(B) by certified mail, or any other form of mail delivery accompanied by a receipt, to the following address:

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