Renewal Application for

Maine Laboratory Accreditation

Maine Laboratory Accreditation Program • 286 Water St., 11 SHS • Augusta, ME 04333-0011

(207) 287-1929 • (207) 287-3220 • FAX: (207) 287-4172

**A. Date of Application:** **Expiration Date of Current Certificate:**

**B. Type of Application:** ✓ Check all that apply.

Regular Accreditation (**One or more methods, >5 analytes**)

Limited Accreditation (**Five or fewer analytes in no more than two methods**)

Environmental Lead Accreditation

One Year Accreditation  Two Year Accreditation

**C. Laboratory Name:**

**EPA ID #**

**D. Physical Address (lab location to appear on certificate):**

(Number and Street)

(City)            (State)       (Zip Code)

**E. Mailing Address (if different from physical lab address):**

(P.O. Box or Number and Street)

(City) (State) (Zip Code)

**F. Lab Telephone Number:**

# G Internet Address:

**H. Type of Laboratory:** Check box.✓

Commercial Laboratory  Non-Commercial Industrial Laboratory

Mobile/Field Laboratory  Non-Commercial Municipal Laboratory

State or Federal Laboratory  University or College Laboratory

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **I.  Lab Contacts** |  |  |  |  |  |
|  |  |  |  |  |  |
| Contact Name | Title | Phone | Cell Phone | Email | \*Address (Street, City, State, Zip) |
|  | Lab Owner |  |  |  |  |
|  | Lab Technical Director |  |  |  |  |
|  | Lab QA Officer |  |  |  |  |
|  | Lab Representative |  |  |  |  |
|  | Other |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Note that the Technical Director Position must meet the Education/Training/Experience requirements as specified in Maine Rules Section 8 C.

\* ✓ Check if same as Lab Mailing Address in Section E. Note – only fill in address one time if the same for each employee.

**J. Fees**

Payment is due at the time of the application submission. Accreditation will not be awarded until all fees are paid.

**Base Fee - Regular Accreditation (One or more methods, >5 analytes):** $1,250 for 1 or 2-year option.

**Method Fees –** Price below for 2-year accreditation, halve for 1-year accreditation. Fee Calculation: (# of methods requested × fee per method) + base fee. Sum for total amount owed.

**Base Fee - Limited Accreditation (Five or fewer analytes in no more than two methods):** $850 for 2-year accreditation. Price included in base fee, no additional fee for methods

|  |  |  |  |
| --- | --- | --- | --- |
|  | Fees | Number of Methods Requested | Total |
| Regular Accreditation Base Fee | $1,250 |  |  |
| Limited Accreditation Base Fee | $850 |  |  |
| **METHOD CATEGORIES** |  |  |  |
| Bacteriology Methods | $75 per method/2 yr.\* |  |  |
| Inorganic Chemistry Methods | $75 per method/2 yr.\* |  |  |
| Metals Methods | $150 per method/2 yr.\* |  |  |
| Organic Compounds Methods | $175 per method/2 yr.\* |  |  |
| Radiochemistry Methods | $250 per method/2 yr.\* |  |  |
| Environmental Lead Program | $600/2 yr.\* |  |  |
| **TOTAL PAYMENT:** |  |  | $ |

**\***Halve for 1-year

**Payment:** Please make check payable to: ‘**Treasurer, State of Maine’** for the amount listed above. Please mail checks to: Maine Laboratory Accreditation Program, 286 Water Street, 11 SHS, Augusta, ME 04333

Check Number: Check Amount:

**K. Type of Application:** ✓ Check appropriate box.

In-State Accreditation – Please proceed to Section M

Out-of-State Accreditation – Please complete Section L

**L. Certifying Authority Information (Out-of-State Laboratories Only). Please provide copies of:**

All State Certification or National Accreditation Program’s most recent certificate(s) for which the lab is claiming equivalency (in electronic format).

State Certification or National Accreditation Program’s most recent Onsite Assessment Report(s) and Complete Response(s), for which the lab is using equivalency (in electronic format).

**Name of Certifying Authority:**

**Expiration Date:**

**Most Recent Onsite Assessment Date:**

**Name of Certifying Authority:**

**Expiration Date:**

**Most Recent Onsite Assessment Date:**

**Name of Certifying Authority:**

**Expiration Date:**

**Most Recent Onsite Assessment Date:**

**M. Statement of Validation:**

I have read 10-144 and 06-096 CMR, Chapter 263, Maine Comprehensive and Limited Environmental Laboratory Accreditation Rules.

I submit this completed Application to the Maine Laboratory Accreditation Program. I attest that the information in this application is true, accurate and complete to the best of my knowledge.

In addition to this form and the applicable fees, I have submitted the following documents electronically in accordance 10-144 and 06-096 CMR, Chapter 263:

A Quality Assurance Manual meeting the standards of Section 9.

A laboratory procedures manual (SOP) meeting the standards of Section 9.

The list of Program/method/analyte combination requested (in the electronic format specified by the State, found in the Method/Analyte Table (MAT)). Please include lab determined MDL and RL values with units in this table.

The most recent proficiency testing result for each field of testing for which the laboratory seeks certification. The proficiency testing samples must be from an approved provider and be analyzed within 6 months of the date that the application is received by the certification officer.

With the attached application(s), I hereby apply for accreditation in accordance with the terms listed in 10-144 and 06-096 CMR, Chapter 263, Maine Comprehensive and Limited Environmental Laboratory Accreditation Rules.

Signature of Laboratory Representative Print Name Date