

INSTRUCTIONS

For costs associated with all laboratory certification requests for drinking water methods under the federally regulated Safe Drinking Water Act, please provide all requested information on the form below (Payment Coupon Form - PCF) and submit to MDE, along with the Lab's payment in the form of a check (only acceptable payment at this time).

To avoid delays in processing the Lab's request for certification, please make sure to follow all instructions below:

- <u>Step #1</u> Make checks payable to Maryland Department of the Environment
- <u>Step #2</u> On the check, add the following line item in either the memo line or below the company's address section in the upper left-hand corner of the check:
 - PCA/OBJ CODE: 43512/4151
- **Step #3** Mail both check and printed **PCF** to the following address:
 - MDE, P.O. Box 2057, Baltimore, MD 21203-2057

Besides PCF & Check, DO NOT MAI<u>L any other lab application docs to PO BOX above</u>

LABORATORY INFORMATION

CH

Name of Laboratory:		MD Lab ID#:
Contact Name:	Phone:	Email:
*Complete Secondary Info Section below <u>ONLY IF</u> the entity issuing the check differs from lab operations (i.e., corporate office)		
* Secondary Contact Name:	* S	econdary Email:
* Department Name:		* Secondary Phone:
CHECK INFORMATION & VERIFICAT	ION	
Check #: Date	e of check:	Amount of Check:
Verify the following items are cor	nnleted before submi	tting via mail:
verify the following items are con	inpleted before sublin	
 Check made payable to MDE (see above <u>Step #1</u> above) 		
 Specified Code added to check (see <u>Step #2</u> above) 		

Print this completed PCF (see Step #3 above)