

Instruction & Acronyms Defined

For in state laboratories to renew existing certification for DW methods in the State of Maryland, complete all three sections below. Submit renewal application, along with supporting documentation requested. For lab certification fee, follow instructions in the section titled **In State Payment Information**.

Please refer to below list for acronyms used in the application:

DW – Drinking Water	FEIN – Federal Employer Identification Number	LCP – Laboratory Certification Program
MDE – Maryland Department of the Environment	PCF – Payment Coupon Form	PT – Proficiency Test
SDWA – Safe Drinking Water Act	SLP – Supervisory Level Personnel	SOP – Standard Operating Procedures
QA – Quality Assurance	QC – Quality Control	US-EPA – US Environmental Protection Agency
WCI – Workers' Compensation Insurance		

SECTION #1 – LABORATORY INFORMATION

Name of Lab: _____ MD Lab ID#: _____ US-EPA Lab ID#: _____

FEIN #: _____

Physical Address: _____

Mailing Address: _____

(if different from physical address above)

Provide lab's key personnel and select which individual serves as the Main Contact (MC) below:

MC?	NAME OF PERSONNEL	PHONE	EMAIL
<input type="checkbox"/>	Lab Director: _____	_____	_____
<input type="checkbox"/>	QA/QC Officer: _____	_____	_____
	Other: _____ <i>(title above)</i> <i>(name above)</i>	_____	_____

Provide information for Lab's WCI below: *(All state labs are required to provide Workers Compensation Insurance for employees. An employer that fails to secure adequate compensation for all covered employees may be subject to a penalty not to exceed \$10,000.)*

WCI Provider: _____ WCI Policy #: _____

SECTION #2 – ORGANIZATIONAL STRUCTURE & CHANGES

Any new Supervisory Level Personnel hired within last 12 months? (i.e., supervisor, director, manager, etc.)

- Yes (complete & submit **Lab SLP Registration Form** outlined below for each new SLP)
- No (no additional action required)

Provide copy of the following documentation listed below:

- Lab Organization & Personnel Qualifications Form** ⁽¹⁾ *Complete the requested form providing all personnel relevant to laboratory operations (including all analysts and SLP).*
- Lab Supervisory Level Personnel (SLP) Registration Form** ⁽¹⁾ *Complete only if “YES” was selected above. Submit separately for each new SLP hired or promoted within the last 12 months.*

⁽¹⁾ Can be obtained from the “Laboratory Certification Application and Forms” section of [MDE-LCP’s home page of our website](#)

SECTION #3 – METHOD CERTIFICATION REQUEST

Below, indicate the type of DW methods Lab is requesting certification: (check all that apply)

Chemistry

(includes Pesticides, Herbicides, HAA5s, VOCs & THMs)

Microbiology

(includes HPCs, E. Coli & total coliforms)

Radiochemistry

(includes all radionuclides)

SECTION #3 – METHOD CERTIFICATION REQUEST *(continued)*

Provide copy of the following documentation listed below:

- QA Manual and SOPs** *Provide only if an onsite audit has not been conducted and there have been revisions to either within the last 12 months. Electronic submission preferred.*
- Initial Demo of Capability (IDC)** *For each new organic chemistry method, provide IDC for analytical team for every instrument method is being conducted.*
- Method Detection Limit Study (MDL)** *For organic and inorganic methods, provide an MDL Study to MDE if currently not on file for current or new methods.*
- Proficiency Tests** *Copy of acceptable PT results for each certified parameter and method. Previously submitted PTs used for prior renewals will be rejected. **Our program will only accept Water Supply (WS) Studies.***
- Requested Test Method List ⁽¹⁾** *Complete the requested form outlining the Lab's requested analytes/parameters and methods for certification.*

(1) Can be obtained from the "Laboratory Certification Application and Forms" section of [MDE-LCP's home page of our website](#)

Attestation

I certify that the information provided in this application is true, complete and accurately describes the physical operation, staffing, methodology and quality assurance implemented in this laboratory according to the terms of its certification by the State of Maryland. I understand that any intentional misrepresentation of any of the above information, for the purpose of obtaining certification, is a violation of Maryland regulations and may result in a denial of the current application for certification, along with the suspension or revocation of any existing certification. I further understand that a person who violates any of the laws and regulations governing drinking water quality laboratory certification is guilty of a misdemeanor punishable by a fine and/or imprisonment.

Laboratory Director: _____

Date: _____

Signature: _____

FOR MDE-OFFICE USE ONLY

Expiration Date: _____

Received Date: _____

CO's Initials: _____

In State Payment Information

An annual certification fee⁽²⁾ is required to retain lab certification within the State of Maryland. The fee is calculated by adding \$10 per test method to the base fee of \$250.

Send actual check, along with the [PCF](#), to PO Box indicated on the form.

\$ _____ – In the space to the left, please input the certification fee (transfer the amount calculated automatically from the **In-State Requested Parameters Form** or manually calculate)

To submit payment, follow instruction provided on [PCF](#). A copy of the check should be attached separately, with the **In State Renewal Application**.

****DO NOT SEND CHECK with Renewal Application****

(2) Federal, State and local government labs are exempt from paying the annual certification fee

Renewal Application Submission

Submission of application must be done by either of the following options:

- Email to mde.labcertification@maryland.gov (Preferred method)

Save the application and required documentation into a .pdf format file and email to the address given.

*Please send with the following typed in subject line: **MD Lab Renewal App Submission**. If size of email is over 25 MB, send application content in multiple emails.*

- Mail by US Postal or another reputable courier

Print out copy of application, along with copy of required documentation and mail to the address given.

*Send with the following header on the top line: **MD Lab Renewal App Submission**. Send to:*

**MDE-Water Supply Program
1800 Washington Boulevard, Suite 450
Baltimore, MD 21230**