

## Instruction & Acronyms Defined

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

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

<b>AB</b> – Accreditation Body	<b>DW</b> – Drinking Water	<b>FEIN</b> – Federal Employer Identification Number
<b>LCP</b> – Laboratory Certification Program	<b>MDE</b> – Maryland Department of the Environment	<b>NELAP</b> – Nat’l Enviro Lab Accreditation Program
<b>PCF</b> – Payment Coupon Form	<b>PT</b> – Proficiency Test	<b>QA</b> – Quality Assurance
<b>QC</b> – Quality Control	<b>SDWA</b> – Safe Drinking Water Act	<b>SLP</b> – Supervisory Level Personnel
<b>SOP</b> – Standard Operating Procedures	<b>US-EPA</b> – US Environmental Protection Agency	

## 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
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Lab Director: \_\_\_\_\_

QA/QC Officer: \_\_\_\_\_

Other: \_\_\_\_\_  
(title above) (name above)

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

<sup>(1)</sup> 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

Select which AB the Lab is certified by for DW methods (per SDWA regulations):

Home State –

NELAP –

US-EPA –

List each state the lab currently holds certification for DW methods: \_\_\_\_\_

Below, indicate type of DW methods Lab is requesting certification for from the State of Maryland & provide date of the last onsite audit performed by the AB: (check all that apply)

Chemistry	Microbiology	Radiochemistry
<input type="checkbox"/> <i>(includes Pesticides, Herbicides, HAA5s, VOCs &amp; THMs)</i>	<input type="checkbox"/> <i>(includes HPCs, E. Coli &amp; total coliforms)</i>	<input type="checkbox"/> <i>(includes all radionuclides)</i>
Date of last onsite audit? _____ <i>(insert date above)</i>	Date of last onsite audit? _____ <i>(insert date above)</i>	Date of last onsite audit? _____ <i>(insert date above)</i>

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

Provide copy of the following documentation listed below:

**Certificate from AB**

*Current water quality lab certificate issued by the Lab's AB.*

**Analyte/Parameter List from AB**

*Current approved analytes and methods list (i.e., scope) certified by the Lab's AB.*

**Proficiency Tests (PT)**

*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 <sup>(1)</sup>**

*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 its current AB. 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: \_\_\_\_\_

## Out of State Payment Information

**\$400 Certification Fee** – Flat fee for all out of state laboratory applicants, regardless the number of analytes and methods requested. Send actual check, along with the [PCF](#), to PO Box indicated on the form.

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

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

## Out of State Application Submission

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

- Email to [mde.labcertification@maryland.gov](mailto:mde.labcertification@maryland.gov) (Preferred method)

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

*Please send with the following typed in subject line: **Out of State Lab Cert 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: **Out of State Lab Cert App Submission**.  
Send to:*

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