

State Fiscal Year 2022  
New Jersey Department of Environmental Protection  
Office of Quality Assurance

APPLICATION FOR CERTIFICATION OF ENVIRONMENTAL MEASUREMENTS

**Part I**  
**Administrative Information**  
**Initial Application**

1. New Jersey Laboratory ID#: \_\_\_\_\_

2. Check the applicable box for the type of application request:

- State-Environmental Laboratory Certification Program (ELCP)
- National Environmental Laboratory Accreditation Program (NELAP)
  - Primary Accreditation
  - Secondary Accreditation (If checked, name the Primary Accreditation Body and submit the Primary State's Certificate and Scope of Accreditation Analyte List with this package-Code the ACPL or Part III appropriately- refer to the instructions)

\_\_\_\_\_

3. Name of Laboratory or Facility (As it should appear on the Certificate- **maximum of 45 characters including spaces**):

\_\_\_\_\_

4. Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_

Facsimile #: (\_\_\_\_\_) \_\_\_\_\_

5. Physical address of laboratory (if different from above):

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. Name of Contact Person: \_\_\_\_\_

Phone # / Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

7. Days and Hours of Operation: \_\_\_\_\_

8. Name of Responsible Entity: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

9. Name of Owner: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

10. Check the applicable box that applies to your laboratory, environmental firm or company:  
 Commercial - willing to perform work for the general public.  
 Non-Commercial - not willing to perform work for the general public.

11. CERTIFICATION BY APPLICANT

The applicant understands and acknowledges that the laboratory is required to be continually in compliance with the New Jersey Department of Environmental Protection’s rules, N.J.A.C. 7:18 Regulations Governing the Certification of Laboratories and Environmental Measurements and TNI Standards where applicable and is subjected to the enforcement and penalty provisions provided therein.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of a fine or imprisonment or both, for submitting false, inaccurate, or incomplete information. (N.J.A.C. 7:18-1.9)

_____	_____
Print Name of Laboratory or Facility (Legal Name)	Certification ID# (if issued)
_____	_____
Signature of Applicant (reference N.J.A.C. 7:18-1.9(b)) Date	Print Name of Applicant
_____	_____
Signature of Quality Assurance Officer Date	Print Name of Quality Assurance Officer

**IMPORTANT** - Review your package for the required documents and mail to the proper address:

- \_\_\_\_\_ Part I Mail to address below - See instructions
- \_\_\_\_\_ Part II Mail to address below - See instructions
- \_\_\_\_\_ Part III Mail to address below - See instructions
- \_\_\_\_\_ ACPL Mail to address below - See instructions
- \_\_\_\_\_ LPL Mail to address below - See instructions
- \_\_\_\_\_ **Fee Initial Fee**

Send your completed application with the necessary supporting documentation to the following address:

New Jersey Department of Environmental Protection  
 Office of Quality Assurance  
 401 East State Street , P.O. Box 420, Mail Code 401-02D  
 Trenton, NJ 08625-0420  
 Inquires: Phone (609) 292-3950