

Arkansas Department of Environmental Quality

Laboratory Certification Program

Application for Certification

Date _____

Laboratory Name _____

Address _____

City _____ State/Zip _____

Laboratory Director _____

Email _____

Phone _____

Normal working hours of lab _____

Services offered (laboratory only, transportation, sampling)

Media analyzed _____

Please include the following additional documentation

1. A copy of the resume of each analyst
2. One parameter sheet" for each parameter requested.
3. A copy of the laboratory's Quality Assurance Plan.
4. A copy of the results of performance samples analyzed within the previous year.

Alternate formats may be used al long as all the information is covered.