



State of Connecticut Department of Public Health

**ENVIRONMENTAL LABORATORY CERTIFICATION PROGRAM
(ELCP)**

APPLICATION FOR BIENNIAL RENEWAL OF AN ENVIRONMENTAL LABORATORY

Areas of approval are:

**Chemical and Microbiological Environmental Examination of Drinking Water, Non-Potable Water/Wastewater, Solid Waste/Soil, Animal & Plant Tissues and Analysis of Asbestos
(air fibers, bulk materials, & water)**

E-mail Completed Application and Supporting Documents to:

DPH.ELCP@ct.gov

Mail biennial fee to:

**Connecticut Department of Public Health
Environmental Laboratory Certification Program
MS# 11 LAB
410 Capitol Avenue, P.O. Box 340308
Hartford, CT 06134-0308**

In order for a laboratory to renew its certification in the State of Connecticut, it is first necessary for the proposed Director, if not previously approved, to meet regulatory requirements. The laboratory must be maintained and operated in a manner acceptable to the Connecticut Department of Public Health and must conform to the requirements set forth in General Statutes 19a-29a and Public Health Code Sections 19-4-1 and 19a-36-A25 through A33 and A57 through A63 inclusive. [Laws and Regulations \(ct.gov\)](#)

The Commissioner of Public Health may revoke or otherwise limit the license of any environmental laboratory that fails to comply with the provisions of this section or regulations adopted under this section 19a-29a (b).

**Program Telephone (860) 509-7389
E-mail: DPH.ELCP@ct.gov
Phone: (860) 509-8000 • Fax: (860) 509-7359
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph
*Affirmative Action/Equal Opportunity Employer***



State of Connecticut Department of Public Health
<http://www.ct.gov/dph/environmentallabs>



RENEWAL PACKAGE CHECKLIST ALL LABORATORIES

_____ Check for \$1250.00 payable to “Treasurer State of Connecticut.”

_____ Completed Application signed by Laboratory Director and Registrant/Authorized Agent.

_____ Methods of analysis (e.g. SM2340C, 8270, etc.) filled in the blanks on the Certified Parameter List

_____ For any change in the laboratory director or co-director a completed laboratory director’s application. Note as per the application, there are educational and experience requirements and official transcripts are required.

OUT OF STATE LABORATORIES

_____ In addition to the above items, copies of your primary accrediting authority’s list of certified analytes and any other state/federal certifications (e.g. NVLAP, AIHA). For any laboratory requesting certification for CT ETPH, please submit the SOP, MDLs, and annual PT for ELCPs review

FAILURE TO SUBMIT ANY OF THE ABOVE ITEMS WILL RESULT IN A DELAY IN PROCESSING YOUR APPLICATION AND MAY RESULT IN A TEMPORARY LOSS OF CERTIFICATION.



State of Connecticut Department of Public Health



DATE: _____ REGISTRATION NO. PH-0 _____

NAME OF LABORATORY: _____

Physical Address

STREET ADDRESS: _____

CITY, STATE & ZIP _____

Mailing Address (Leave Blank if the Same)

STREET ADDRESS _____

CITY, STATE & ZIP _____

FEDERAL EMPLOYEE IDENTIFICATION NUMBER (FEIN) _____

EMAIL ADDRESS _____

PHONE NUMBER 1. _____ 2. _____

1. TYPE OF OWNERSHIP

Private Individual _____ Corporation (Profit) _____

Corporation (Non-Profit) _____ Government _____

Partnership _____ Other (Specify) _____

Please supply name of officers and Board of Directors. Use additional sheets, if necessary.

NAME: _____

STREET ADDRESS: _____

CITY, STATE & ZIP _____

2. Note here any changes in Name, Address, Director, Registered Owner/Authorized Agent.

3. Specify here individual who, in the occasional absence of the director, supervises laboratory operations:

Name _____ Degree _____

Years Experience: _____

Specialty Areas _____



State of Connecticut Department of Public Health



4. Specialist Personnel employed in your laboratory.

Name _____ Degree _____

Years Experience: _____

Specialty Areas _____

Name _____ Degree _____

Years Experience: _____

Specialty Areas _____

Name _____ Degree _____

Years Experience: _____

Specialty Areas _____

5. Number of Personnel employed with the degree indicated

Associate Degree _____ BA/BS _____ MS/MA _____

Ph. D. _____ Technical Personnel without Degrees _____

6. Working Hours at Laboratory

Director: _____ to _____ Co-Director: _____ to _____

Q.A. Manager: _____ to _____ Supervisor: _____ to _____

7. Subcontract Labs within Connecticut (list name and registration number)

Name: _____ PH-0 _____

Name: _____ PH-0 _____

Name: _____ PH-0 _____

Name: _____ PH-0 _____

8. Subcontract Labs outside Connecticut (list name and registration number)

Name: _____ PH-0 _____

Name: _____ PH-0 _____

Name: _____ PH-0 _____

Name: _____ PH-0 _____



State of Connecticut Department of Public Health



REGISTRATION NO. PH-0

We, the undersigned, individually and jointly certify that the information that has been provided in this application is to the best of our knowledge and belief accurate and correct. We acknowledge and understand that Connecticut General Statutes § 53a-157b makes it a crime to give a false written statement to any public servant intentionally.

If registration and certification of this laboratory is granted by the Commissioner of Public Health, we agree to comply fully with all regulations of the State of Connecticut and directives pursuant thereto that may be issued by the Commissioner of Public Health or his/her representatives.

We fully understand that the Commissioner of Public Health may at any time revoke or suspend the registration and certification of this laboratory if, in his opinion, the laboratory has violated any regulation of the State of Connecticut or directive pursuant thereto, or if the continued operation of the laboratory is not in the best interest of the health and safety of the citizens of the State of Connecticut.

Signature of Registered Owner/Authorized Agent

Registered Owner/Authorized Agent: _____
PRINT OR TYPE

Signature of Director

Director: _____
PRINT OR TYPE

Signature of Co-Director

Co-Director: _____
PRINT OR TYPE



State of Connecticut Department of Public Health



Please see the Certified Parameter List on the next page for the current certifications held and enter the methods you wish to remain certified in.

If any additions or withdrawals are sought, please complete the section below. Refer to <http://www.ct.gov/dph/environmentallabs> for a complete listing of analytes for which certification is available.

<u>Analyte</u>	<u>Method</u>	<u>Matrix</u>	<u>Add</u>	<u>Withdraw</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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