State of Wisconsin
Department of Natural Resources
PO Box 7921, Madison WI 53707-7921
dnr.wi.gov

Laboratory Accreditation Application

Notice: Authorization for this form is contained in ss. 299.11(7)(f), Wis. Stats, and NR 149.14 (1), Wis. Adm. Code. Completion of this form is mandatory if your laboratory intends to remain certified or registered in the State of Wisconsin. The Wisconsin Department of Natural Resources will not grant certification or registration in the State of Wisconsin if the laboratory fails to complete this form. Personally identifiable information collected will be used for laboratory certification and may be provided to requesters as required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

Instructions: This is an application for laboratory certification and registration in the State of Wisconsin. The application is only one part of the accreditation process; completing and submitting an application does not constitute certification or registration.

For additional information, contact the Laboratory Certification and Registration Program:
Telephone: (608) 267-7633
FAX: (608) 266-5226
E-mail: LabCert@Wisconsin.gov
Program Homepage: http://www.dnr.state.wi.us/org/es/science/lc/

Facility and Contact Information

Facility Name *(as you wish it to appear on certificate)*		WI Facility Identification Number (FID)	
Telephone Number	Fax		
Laboratory Location Address	City	State	ZIP Code
Mailing Address *(if different from above)*	City	State	ZIP Code
Laboratory Director Name			
Telephone Number	Email		
Individual Responsible for Quality System			
Telephone Number	Email		
Billing Contact Name	Federal Employer ID No. (for initial & transfer of ownership apps) **Initial and Transfer of Ownership applications:** Complete and attach a "Social Security Number / FEIN Collection Request Form".		

Part 1: Application Type

Our lab is applying for:

☐ Certification ☐ Registration ☐ Reciprocity

☐ Initial Application (Not currently certified or registered by WI)

☐ Revised Application

- ☐ Adding a new matrix, technology, or method (drinking water)
- ☐ Adding Analyte or Analyte Group to an existing technology
- ☐ Convert Certification to Registration
- ☐ Convert Registration to Certification

☐ Reciprocity

☐ Transfer of Ownership (Laboratories shall notify the department *of any change of ownership as soon as practicable, but no later than 30 days after the change has occurred.)*

Official Date of Ownership Transfer_____

_____No. of Staff 30 days prior to Ownership Change

_____No. of Staff 30 days after to Ownership Change

_____
Previous Laboratory Name, if applicable

Part 2: Laboratory Type

Please identify function of your laboratory, and the sample types routinely analyzed. Check one.

- ☐ Commercial
- ☐ Municipal Wastewater
- ☐ Industrial
- ☐ Public Health
- ☐ Landfill
- ☐ Public Water Supply
- ☐ Transfer, Storage and Disposal Facility
- ☐ Mobile Commercial

Part 3: Application Processing Fees

Enter the amount of Relative Value Units (RVU) due for this application.

	RVU	Application RVU
☐ Initial Application Fee	6	
☐ Revised Application Fee	3	
☐ Reciprocity Application Fee	4	
☐ Transfer of Ownership Application Fee	4	
	Subtotal	

Part 4: Matrix Fees

Enter the amount of Relative Value Units (RVU) due for this application. Matrix fees are only applicable if you are adding a new matrix to your certifications/registrations.

	RVU	Application RVU
☐ Matrix Fee, Aqueous	5	
☐ Matrix Fee, Drinking Water	5	
☐ Matrix Fee, Solids	5	
	Subtotal	

Part 5: Base Fees

Required for initial applications to the program and for any lab choosing to convert their valid Registration to a valid Certification. Enter the amount of Relative Value Units (RVU) due for this application.

	RVU	Application RVU
☐ Base Fee, Certification	10	
☐ Base Fee, Registration	5	
☐ Convert Registration to Certification	5	
	Subtotal	

Part 6: Technology Fees (Aqueous and Solid Matrices)

Enter the amount of Relative Value Units (RVU) due for this application. RVUs are assessed for each technology and matrix. The total RVUs that may be assessed to a laboratory for each matrix is 22 RVU. The individual analyte/analyte group list (Appendix A) must also be attached to the application. This list identifies the individual analytes/analyte groups for which certification/registration is requested. Enter the # RVUs and accreditation type (C= certification; R= registration) for each technology and matrix applying for.

Analytical Technology RVUs	**AQUEOUS Matrix**			**SOLID Matrix**		
	#RVU	**#RVU**	**Type**	**#RVU**	**#RVU**	**Type**
Example	**3**	**3**	**C**			
Oxygen Demand assays (BOD_1, cBOD)						
Gravimetric Assays, Residues (Solids)	**1**	**1**	**C**	**1**	**1**	**C**
Electrometric Assays (ion-selective electrodes)	**1**			**1**		
Gravimetric Assays, Residues (solids)	**1**			**1**		
Gravimetric Assays Oil and Grease (HEM)	**2**			**2**		
Titrimetric or Potentiometric Titration Assays	**1**			**1**		
Colorimetric or Nephelometric Spectrophotometry	**2**			**2**		
Combustion or Oxidation	**2**			**2**		
Oxygen Demand assays BOD, cBOD)	**3**					
IC (Ion Chromatography)	**3**			**3**		
Waste Characteristic Extractions *(Solid Matrix Only)*				**1**		
Waste Characteristic Assays *(Solid Matrix Only)*				**1**		
FLAA (Flame Atomic Absorption Spectrophotometry)	**2**			**2**		
CVAA (Cold Vapor Atomic Absorption) or **Hydride AA** (Gaseous Hydride Spectrophotometry)	**3**			**3**		
CVAFS (Cold Vapor Atomic Fluorescence Spectrophotometry)	**3**			**3**		
TDAA (Thermal Decomposition Atomic Absorption Spectrophotometry)	**3**			**3**		
GFAA (Graphite Furnace Atomic Absorption Spectrophotometry)	**3**			**3**		
Ultra-Low Level Metals Assays	**3**			**3**		
ICP (Inductively Coupled Plasma Emission Spectrometry)	**4**			**4**		
ICP/MS (Inductively Coupled Plasma-Mass Spectrometry)	**5**			**5**		
GC (Gas Chromatography)	**3**			**3**		
GC/MS (Gas Chromatography-Mass Spectrometry)	**4**			**4**		
HPLC (High Performance Liquid Chromatography)	**3**			**3**		
LC/MS (Liquid Chromatography-Mass Spectrometry)	**4**			**4**		
HR-GC/MS (High Resolution Gas Chromatography-Mass Spectrometry)	**10**			**10**		
WET (Whole Effluent Toxicity Assays) *(Aqueous Matrix Only)*	**5**					
Other	(Call)			(Call)		
Subtotal						

Part 7: Class Fees (Drinking Water Matrix

Enter the amount of Relative Value Units (RVU) due for this application. The total RVUs that may be assessed to a laboratory for the drinking water matrix is 31 RVU. The individual analyte/analyte group list must also be attached to the application. This list identifies the individual analytes/analyte groups for which certification/registration is requested.

Analytical Class Fees for Drinking Water Matrix *(Certification Only)*	**Drinking Matrix RVU**	**RVU for Application**
Disinfection Byproducts	5	
Primary Inorganic Contaminants (Non-metals)	3	
Primary Inorganic Contaminants (Metals)	6	
Secondary Contaminants (Non-metals)	2	
Secondary Inorganic Contaminants (Metals)	3	
SOC - Dioxin	8	
SOC - Organochlorine Pesticides	3	
SOC - N/P Pesticides	3	
SOC - Herbicides	3	
SOC - Miscellaneous	4	
Trihalomethanes (THM)	2	
Volatile Organic Compounds (VOC)	4	
Subtotal		

Part 8: Total Amount Due

Calculate the total fee due for this application and enclose a check payable to the Wisconsin Department of Natural Resources for the amount indicated:

1) Subtotal RVU from Part 3, Application Processing Fees _____

2) Subtotal RVU from Part 4, Matrix Fees _____

3) Subtotal RVU from Part 5, Base Fees _____

4) Subtotal RVU from Part 6, Technology Fees *(Aqueous & Solid Matrices)* _____

5) Subtotal from Part 7, Class Fees *(Drinking Water Matrix)* _____

6) Total RVU (sum lines 1 through 5 above) _____

7) Cost per RVU $54.00

Total Application Cost (multiply the total RVUs on line 6 by the cost per RVU on line 7. This is the total application fee.

Part 9: Additional Information Required with Application

Submit all of the data and information asked for in this section with your application. Applications received without all of the information outlined in this section will be considered incomplete, which will delay processing.

Appendix A to Form 4800-002 (list of specific matrix/technology/analytes for which certification or registration is desired).

Social Security Number / FEIN Collection Request Form - Required for new laboratories submitting initial applications, and for transfer of ownership applications. Required by ss. 29.024, 299.07, and 299.08, Wis Stats.

Equipment List - Submit a current list of analytical equipment used by the laboratory to perform the test methods identified below.

Proficiency Testing Samples - Attach copy of acceptable proficiency testing sample (also known as reference sample, PT) results from at least one of the approved PT sample providers for each combination of matrix - technology - analyte or matrix - method - analyte for which certification or registration is desired. These results must have been completed within six months of the date of application. Make sure that the sample contains the proper analytes and concentration levels. Contact the Laboratory Certification and Registration Program or visit our website for a current list of approved providers.

***Note**: Specific PT sample requirements are available on the LabCert program website at http://www.dnr.state.wi.us/org/es/science/lc/PT/Index.htm.*

Proof of Intent to Perform Work in Wisconsin- Labs applying for initial certification or reciprocity are required to attach a statement indicating proof of intent to perform analytical work in Wisconsin. Examples of an acceptable proof would be a letter from a potential client, an affiliated office in Wisconsin or a bid proposal.

Quality Assurance/Quality Control - The laboratory is required to maintain, at a minimum, the quality assurance program outlined in subchapter VII, NR 149, Wis. Adm. Code. Components of a laboratory quality assurance program to be submitted with this application include:

- Initial demonstration of capability (IDC, also known as initial precision and recovery, IPR), as listed below;
- Limit of Detection limit (LOD) studies, as listed below; and
- Quality Manual (for initial applications only).

Initial Demonstration of Capability and LODs

Specific information concerning the requirements regarding minimum limits of detection and Wisconsin's low-level reporting rule can be found on the LabCert program website at http://www.dnr.state.wi.us/org/es/science/lc/APPLICATION/SpecAppReqs.htm.

Technology	Analyte (analyte group)	Required data to submit with application
Gravimetric, HEM	Hexane Extractable Materials	MDL and IPR as specified in EPA Method 16645
IC	Anions by Ion Chromatography	MDL for each analyte under application
HPLC and LC/MS	All analytes	MDLs and IDCs for each method and analyte under application
GC, GC/MS	Acid Herbicides; Organophosphorus Pesticides; Nitrogen, Triazine and Metabolite Pesticides, Organochlorine Pesticides; Polychlorinated Biphenyls	MDLs and IDCs for each method and analyte under application
GC	Gasoline Range Organics; Diesel Range Organics; Petroleum Volatile Organics	MDLs and IDCs by the Wisconsin methods are required in both soil and water matrices
All drinking water	All analytes covered under the Drinking Water matrix	MDLs are required for all inorganic and organic analytes IDCs are required only for the organic analytes

Per s. NR 149.14 (1)(e), Wis. Adm. Code, the Department may request, on a case-by-case basis, any additional information necessary to demonstrate a laboratory's compliance with the requirements of this chapter.

PLEASE NOTE:

- In accordance with s. NR 149.14 (1) (c), Wis. Adm. Code, a laboratory may not apply and the Department may not accept application for additional certification or registration or reapplication when: (1.) a notice of violation has been issued for a violation of this chapter and the problems causing enforcement have not been corrected, (2.) an administrative order has been issued for violation of this chapter, or (3.) a laboratory is not in compliance with this chapter at the time it voluntarily relinquishes its certification or registration, the problems have not been corrected, and 6 months have not elapsed.
- The certification or registration period is September 1 to August 31.
- Certification is nontransferable. If ownership changes, a transfer of ownership application must be submitted.
- Incomplete applications expire one year from the application receipt date.
- Fees are non-refundable, except for overpayment.
- The WDNR should be informed of any changes in the information given in this application.

Part 10: Applicant Signature

In signing this application, the laboratory has:

a) Established and will follow quality control procedures specified in subchapter VII, NR 149, Wis. Adm. Code.
b) Complied and will continue to comply with the Wisconsin Laboratory Certification and Registration Code, ch. NR 149, Wis. Adm. Code.
c) Agreed to allow the Wisconsin Department of Natural Resources or its representatives to inspect the laboratory to determine compliance with ch. NR 149, Wis. Adm. Code.

Signature of Owner or Agent	Date Signed
Printed Name of Owner or Agent	Telephone Number

Address *(if different from laboratory)*

Have you included the following in this package?

q Appendix A, identifying specific analytes, technologies, and matrices for which certification or registration is requested.
q Social Security Number / FEIN Collection Request Form *(for initial and transfer of ownership applications)*
q Fees; payable to ***Wisconsin Department of Natural Resources***
q Proficiency Testing (PT) Sample Results
q Proof of Intent to Perform Work in Wisconsin *(if required)*
q Equipment List
q Detection Limit and Initial Demonstration of Capability data, where required
q Quality Manual *(initial applications only)*

Mail completed application and attachments to:

Wisconsin Department of Natural Resources
Laboratory Certification Program
P.O. Box 7921
Madison, WI, 53707-7921