

**APPLICATION FOR LICENSURE BY RECIPROCITY  
TO ANALYZE PUBLIC DRINKING WATER SUPPLIES**

License Applied for: Chemistry Inorganic \_\_\_\_\_ Chemistry Organic \_\_\_\_\_ Microbiology \_\_\_\_\_

**NOTE:** Chemistry and Microbiology are licensed separately. Separate application and licensure fees are required for each.

PLEASE PRINT OR TYPE				
LEGAL NAME OF LABORATORY:				
NAME OF LABORATORY OWNER:				
LABORATORY MAILING ADDRESS:				
	ADDRESS	CITY	STATE	ZIP
LABORATORY PHYSICAL ADDRESS:				
	ADDRESS	CITY	STATE	ZIP
LABORATORY PHONE NUMBER:				
LABORATORY FAX NUMBER:				
PROFICIENCY TESTING PROVIDER				

LABORATORY DIRECTOR:		PHONE:
LABORATORY QUALITY ASSURANCE OFFICER:		PHONE:
PRIMARY LABORATORY CONTACT PERSON:		PHONE:

Please include the following information about the Authority who certifies your laboratory for Public Drinking Water Compliance testing:

NAME OF STATE CERTIFYING AUTHORITY:				
ADDRESS OF STATE CERTIFYING AUTHORITY:				
	ADDRESS	CITY	STATE	ZIP
PHONE/FAX OF STATE CERTIFYING AUTHORITY:	PHONE:	FAX:		

<p><b>Please Include in your application response:</b></p> <ul style="list-style-type: none"> <li>• A copy of the laboratory's home state certification, including expiration date.</li> <li>• A copy of the laboratory's most recent on-site evaluation by your Certifying Authority.</li> <li>• Name, address and phone number of your laboratory's Drinking Water Certifying Authority.</li> <li>• Copies of the laboratory's two most recent Proficiency Evaluation results for certified parameters.</li> <li>• List of analytes and methods for which licensure is desired.</li> <li>• A copy of the laboratory's Quality Assurance Plan.</li> <li>• Payment of the <u>appropriate</u> fee(s)</li> <li>• <b>PLEASE MAKE CHECKS PAYABLE TO DPHHS ENVIRONMENTAL LABORATORY</b></li> </ul>
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<p><b>STATEMENT OF ASSURANCE OF COMPLIANCE</b>  <b>I/we acknowledge</b> that once licensed, the laboratory must continually comply with the requirements for licensure in its home state, which must be at least as stringent as those in Subchapter 3 of Section 37, Chapter 12 of the Administrative Rules of Montana, in order to remain licensed.</p> <p><b>I/we agree</b> that the laboratory will perform all proficiency testing audits according to acceptable methods, in accordance with Department requirements, and at the laboratory's own expense.</p> <p><b>I/we state</b> that there is no misrepresentation in the information provided in the application.</p> <p>_____ Signature Laboratory Owner</p> <p>_____ Signature Laboratory Director</p> <p>_____ Date</p> <p>_____ Date</p>
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