

## 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:

**Please include in your application response:**

- A copy of the laboratory's home state certification, including expiration date.
- A copy of the laboratory's most recent on-site evaluation by your Certifying Authority.
- Name, address and phone number of your laboratory's Drinking Water Certifying Authority.
- Copies of the laboratory's two most recent Proficiency Evaluation results for certified parameters.
- List of analytes and methods for which licensure is desired.
- A copy of the laboratory's Quality Assurance Plan.
- Payment of the appropriate fee(s)
- PLEASE MAKE CHECKS PAYABLE TO DPHHS ENVIRONMENTAL LABORATORY**

**STATEMENT OF ASSURANCE OF COMPLIANCE**

**I/we acknowledge** 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.

**I/we agree** 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.

**I/we state** that there is no misrepresentation in the information provided in the application.

  

<i>Signature Laboratory Owner</i>	<i>Date</i>
 <i>Signature Laboratory Director</i>	 <i>Date</i>