

Ohio Department of Health  
**Application for Environmental Lead Laboratory Approval**  
 Ohio Administrative Code Chapter 3701-82

- Application typed or printed legibly in ink, shall be mailed to Ohio Department of Health, Accounts Receivable, PO Box 15278, Columbus, OH 43215.
- Attach check or money order in the amount of Three Hundred Dollars (\$300.00), made payable to Treasurer, State of Ohio.

Application Type – Check only one <input type="checkbox"/> Initial <input type="checkbox"/> Renewal – Approval # _____			
1. Company Name		2. Federal Tax ID #	
3. Contact Person		4. Title	
5. Address			
6. City		7. State	8. ZIP
9. Telephone Number (        )	10. Fax Number (        )	11. E-mail	
12. Indicate which of the five EPA recognized accrediting organizations in the National Lead Laboratory Accreditation Program (NLLAP) that you are enrolled with:			13. NLLAP #

**Important**

Make sure you have completed all sections of the form and have included payment. Applications will be returned which are incomplete or contain errors will delay the processing of your application and issuance of your laboratory approval.

All information requested on this form is **mandatory** for the administration and processing of your application pursuant to rule 3701-82-02 of the Ohio Administrative Code. All application documents regarded as public records will be subject to disclosure.

**Certification**

*I certify that all information contained herein this application, including any supplements attached hereto, is true and correct.*

- I acknowledge that this laboratory must forward quarterly Environmental Lead Analytical Proficiency Testing results.
- I acknowledge that this laboratory must comply with recordkeeping requirements of rule 3701-32-14 of the Ohio Administrative Code.
- I acknowledge that this laboratory must meet the NLLAP personnel qualification requirements.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**For Office Use Only**

Receipt #:	Approved by & date:
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