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

Laboratory Accreditation Application

Form 4800-002 (R 06/22)

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 be 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 accreditation and may be provided to requesters as required by Wisconsin's Public 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 Accreditation Program:

Telephone: (920) 412-5970

E-mail: DNRLabcert@Wisconsin.gov

Program Homepage: <https://dnr.wisconsin.gov/topic/LabCert>

Facility and Contact Information

Facility Name <i>(as you wish it to appear on certificate)</i>		WI Facility Identification Number (FID)	
Laboratory Main Telephone Number			
Laboratory Street Address	City	State	ZIP Code
Laboratory Mailing Address <i>(if different from above)</i>	City	State	ZIP Code
Designated Contact Person for LabCert Program			
Designated LabCert Contact Person Telephone	Email		
EPA Lab ID <i>(used to report PT data if you have one – drinking water labs must have one)</i>			
Designated Contact Person for Billing	Email		
Designated Billing Contact Person Telephone	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 9400-568 .		

Part 1: Application Type

This form is for

- Certification (laboratory performs compliance testing for hire or performs drinking water testing)
- Registration (laboratory performs compliance testing solely on its own behalf)

- Initial Application *(Not currently certified or registered by WI)*
- Revised Application
- Adding a new matrix, technology, or drinking water method
- Adding analyte or analyte group to an already accredited technology
- Adding analyte or analyte group to an already certified drinking water class
- Adding Certification to Registration
- Converting Certification to Registration
- Converting Registration to Certification

- Transfer of Ownership *(Laboratories shall notify the department within 30 days of the effective date of the ownership change. Notification shall be in the form of a completed application for transfer of ownership.)*

Official date of ownership transfer _____

Previous laboratory name, if lab name has changed _____

Person responsible for retaining previous lab records

Name _____

Phone _____

Email _____

Laboratory Accreditation Application

Form 4800-002 (R 06/22)

Part 2: Laboratory Type

Please select the function that most closely identifies your laboratory and the sample types routinely analyzed. Check one.

- | | |
|---|--|
| <input type="radio"/> Commercial | <input type="radio"/> Public Health |
| <input type="radio"/> Industrial | <input type="radio"/> Public Water Supply |
| <input type="radio"/> Mobile Commercial | <input type="radio"/> Treatment, Storage, and Disposal |
| <input type="radio"/> Municipal | |

Part 3: Application Processing Fees

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

	RVU	Application RVU
<input type="radio"/> Initial Application Fee	6	<input type="text"/>
<input type="radio"/> Revised Application Fee	3	
<input type="radio"/> Reciprocity Application Fee (EPA Region 5)	4	
<input type="radio"/> Transfer of Ownership Application Fee	4	
Subtotal		<input type="text"/>

Part 4: Matrix Fees

Enter the amount of Relative Value Units (RVU) due for this application. Check each new matrix being added.

Matrix fees are only applicable if you are adding a new matrix to your certifications/registrations.

	RVU	Application RVU
<input type="checkbox"/> Matrix Fee, Aqueous	5	<input type="text"/>
<input type="checkbox"/> Matrix Fee, Drinking Water	5	<input type="text"/>
<input type="checkbox"/> Matrix Fee, Non-Aqueous	5	<input type="text"/>
Subtotal		<input type="text"/>

Part 5: Base Fees

Enter the amount of Relative Value Units (RVU) due for this application. **Base fees are only applicable for initial applications to the program and for any lab choosing to convert their Registration to Certification or if adding Certification to Registration.**

	RVU	Application RVU
<input type="radio"/> Base Fee, Certification	10	<input type="text"/>
<input type="radio"/> Base Fee, Registration	5	
<input type="radio"/> Converting Registration to Certification	5	
<input type="radio"/> Adding Certification to Registration	5	
Subtotal		<input type="text"/>

Laboratory Accreditation Application

Form 4800-002 (R 06/22)

Part 6: Analytical Technology Fees (Aqueous and Non-Aqueous Matrices)

Enter the amount of Relative Value Units (RVU) due for this application. RVUs are assessed for each technology and matrix. The individual analyte/analyte group list (Attachment A1 and/or A2) must also be attached to the application - only the pages that contain additions need to be included. This list identifies the individual analytes/analyte groups for which certification/registration is requested.

If the lab is currently accredited for an analyte/analyte group in a technology in a matrix, do not select RVUs for that technology/matrix.

Analytical Technology RVUs	AQUEOUS Matrix		NON-AQUEOUS Matrix	
	# RVU	# RVU	# RVU	# RVU
Electrometric Assays (ion-selective electrode)	<input type="checkbox"/>	1	<input type="checkbox"/>	1
Gravimetric Assays - Residue (solids)	<input type="checkbox"/>	1	<input type="checkbox"/>	1
Extraction/Gravimetric Assays - Oil & Grease as HEM	<input type="checkbox"/>	2		
Titrimetric or Potentiometric Titration Assays	<input type="checkbox"/>	1	<input type="checkbox"/>	1
Colorimetric or Turbidimetric	<input type="checkbox"/>	2	<input type="checkbox"/>	2
Nondispersive Infrared (NDIR) or Microcoulometry	<input type="checkbox"/>	2	<input type="checkbox"/>	2
Oxygen Demand Assays (BOD, cBOD)	<input type="checkbox"/>	3		
IC (Ion Chromatography)	<input type="checkbox"/>	4	<input type="checkbox"/>	4
Flow Injection - Gas Diffusion - Amperometry	<input type="checkbox"/>	4		
FLAA (Flame Atomic Absorption Spectrophotometry)	<input type="checkbox"/>	2	<input type="checkbox"/>	2
FP (Flame Photometry Spectrophotometry)	<input type="checkbox"/>	2	<input type="checkbox"/>	2
GHA (Gaseous Hydride Atomic Absorption Spectrophotometry)	<input type="checkbox"/>	3	<input type="checkbox"/>	3
CVAA (Cold Vapor Atomic Absorption Spectrophotometry)	<input type="checkbox"/>	3	<input type="checkbox"/>	3
CVAFS (Cold Vapor Atomic Fluorescence Spectrophotometry)	<input type="checkbox"/>	3	<input type="checkbox"/>	3
TDAA (Thermal Decomposition Atomic Absorption Spectrophotometry)	<input type="checkbox"/>	3	<input type="checkbox"/>	3
GFAA (Graphite Furnace Atomic Absorption Spectrophotometry)	<input type="checkbox"/>	3	<input type="checkbox"/>	3
ICP (Inductively Coupled Plasma Emission Spectrophotometry)	<input type="checkbox"/>	4	<input type="checkbox"/>	4
ICP/MS (Inductively Coupled Plasma-Mass Spectrometry)	<input type="checkbox"/>	5	<input type="checkbox"/>	5
GC (Gas Chromatography)	<input type="checkbox"/>	4	<input type="checkbox"/>	4
GC/MS (Gas Chromatography-Mass Spectrometry; includes GC/MS/MS)	<input type="checkbox"/>	5	<input type="checkbox"/>	5
LC (Liquid Chromatography)	<input type="checkbox"/>	4	<input type="checkbox"/>	4
LC/MS (Liquid Chromatography-Mass Spectrometry; includes LC/MS/MS)	<input type="checkbox"/>	5	<input type="checkbox"/>	5
HRGC/MS (High Resolution Gas Chromatography-Mass Spectrometry)	<input type="checkbox"/>	10	<input type="checkbox"/>	10
Solid Waste Leaching Procedures			<input type="checkbox"/>	2
Hazardous Waste Characteristics			<input type="checkbox"/>	2
WET (Whole Effluent Toxicity Assays)	<input type="checkbox"/>	5		
Other		(Call)		(Call)
Subtotal				

Laboratory Accreditation Application

Form 4800-002 (R 06/22)

Part 7: Analytical Class Fees (Drinking Water Matrix)

Enter the amount of Relative Value Units (RVU) due for this application. The individual analyte/analyte group list (Attachment A3) must also be attached to the application - only the pages that contain additions need to be included. This list identifies the individual analytes/analyte groups for which certification is requested. **If the lab is currently accredited for an analyte in an analytical class for drinking water, do not select RVUs for that class.**

Analytical Class Fees for Drinking Water Matrix <i>(Certification Only)</i>	DRINKING WATER Matrix # RVU	# RVU
<input type="checkbox"/> Disinfection By-products (use this class for THMs)		
<input type="checkbox"/> Primary Inorganic Contaminants (Non-metals)		
<input type="checkbox"/> Primary Inorganic Contaminants (Metals)		
<input type="checkbox"/> Secondary Inorganic Contaminants (Non-metals)		
<input type="checkbox"/> Secondary Inorganic Contaminants (Metals)		
<input type="checkbox"/> SOC - Dioxin		
<input type="checkbox"/> SOC - Organochlorine Pesticides		
<input type="checkbox"/> SOC - N/P Pesticides		
<input type="checkbox"/> SOC - Herbicides		
<input type="checkbox"/> SOC - Miscellaneous (use this class for PFAS in drinking water)		
<input type="checkbox"/> Volatile Organic Compounds (VOC)		
Subtotal		

Part 8: Total Amount Due

It is strongly recommended that you email a copy of your completed application to DNRLabCert@wisconsin.gov for review to ensure that the total fees that you have calculated are correct. This will avoid processing delays. 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 & Non-Aqueous Matrices) | |
| 5) Subtotal RVU from Part 7, Class Fees (Drinking Water Matrix) | |
| 6) Total RVU (add lines 1 through 5 above) | |
| 7) Cost per RVU | \$75.00 |

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

NOTE: Accreditations that have been granted before the middle of May will be included in the annual renewal invoice emailed at the end of May. For example, if an application is received on March 1 and certification is granted on May 1, the May renewal invoice will include required fees for the parameters just accredited.

Part 9: Laboratory Certification/Registration Application Policy for Act 167 – Regulatory Reform

2011 Wisconsin Act 167 requires the department to establish periods within which the department intends to approve or disapprove certain applications. This policy implements the requirements of Act 167 for applications filed for laboratory certification or registration under NR 149.

Laboratory Certification or Registration - s. 299.11, Wis. Stat.

Chapter NR 149, Wis. Adm. Code, specifies requirements for the administration of the laboratory certification and registration program, including deadlines for laboratory certification.

Issuance of Accreditations – NR 149.14(5)(b)

The department shall issue a certificate to a laboratory submitting an initial, revised, or reciprocity application for accreditation within 30 days of the date by which the laboratory successfully completes an on-site evaluation, or the date by which the department waives an on-site evaluation.

On-Site Laboratory Evaluations – NR 149.29(2)(a) and (b)

When a laboratory submits an application to become certified or registered in any field of certification or registration, the department shall conduct an announced on-site evaluation unless the department waives the requirement to perform an on-site evaluation. When the department does not waive an evaluation, the evaluation shall be performed within 90 days after the department determines that a received application is complete and satisfactory.

When a laboratory changes its location, ownership, or key personnel, the department shall conduct an on-site evaluation unless the department waives the requirement to perform an on-site evaluation. When the department does not waive an evaluation, the evaluation shall be performed within 90 days after the department receives notification of the change in location.

Renewals – NR 149.15(2)

On or before September 1 of each year, the department shall renew the certifications or registrations of laboratories that meet the annual renewal requirements established in NR 149.15(2).

NR 149.15(3) - Effective September 1 of each year, the department shall void the certifications or registrations of laboratories that do not meet the renewal requirements established in NR 149.15(2).

2011 Wisconsin Act 167 requires the department to inform applicants of the period(s) established for laboratory certification or renewal.

The deadlines established by the department are set forth in NR 149, Wis. Adm. Code, and shall be published on the application forms. The deadlines shall also be posted on the department's website with a statement explaining this policy.

2011 Wisconsin Act 167 requires publication of the current status of any application filed with the department, to the greatest extent possible.

Status of applications may be verified by contacting the Program Chemist at 920-412-5970 or by email at DNRLabCert@wisconsin.gov.

Laboratory Accreditation Application

Form 4800-002 (R 06/22)

Part 10: Additional Information Required with Application

As part of the application, submit all of the data and information specified in this section. Applications received without all of the information outlined in this section will be considered incomplete, which will delay processing. Please submit all of the information electronically through email. If the information is too large to send by email, contact the Program Chemist for information on submitting large files to the department.

Attachments A1 (Aqueous Matrix), A2 (Non-Aqueous Matrix), and/or A3 (Drinking Water Matrix) are to be included in addition to Form 4800-002 as appropriate for this application.

Social Security Number / FEIN Collection Request, Form 9400-568 - This form is 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.

Proficiency Testing Samples - Include a 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. The study close date of PTs submitted with applications shall not be more than 6 months prior to the date on which the application is received. Make sure that the PT sample is from the correct study (WP or WS), contains the proper analytes, and the correct analysis method is reported. 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.

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 Policies - For all initial applications, the laboratory must submit a copy of its Quality Manual.

LOD and IDC data - Replicate results for determinations of limits of detection (LOD) and initial demonstrations of capability (IDC) are required to be submitted for most analytes.

PT sample raw data, prep, and analysis – include the associated initial calibration date.

SOPs - For each applicable analyte, submit preparatory and analysis SOPs.

PLEASE NOTE:

- In accordance with s. NR 149.14 (1) (b), 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.

Laboratory Accreditation Application

Form 4800-002 (R 06/22)

Part 11: 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 Accreditation 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.

Printed Name of Responsible Party	Telephone Number
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Responsible Party Address (if different from laboratory address)

Other Comments

Signature of Responsible Party	Date Signed
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NOTE: If submitting this request electronically, please type your name on the signature line. Your typed name, along with the email message generated from electronic submittal of this form, will be used as an electronic signature which is the legal equivalent to an actual signature.



Mail the check to this address. Mailing the check to any other address will delay processing.

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

Have you included the following in this package?

- 1) Fees payable to **Wisconsin Department of Natural Resources**.
- 2) Attachments A1, A2, and/or A3 (only the pages with requested additions of analytes and/or analyte groups need to be included).
- 3) Proficiency Testing (PT) sample results from a study that closed less than six months from the application received date: WS for drinking water analytes; WP for aqueous and non-aqueous analytes - all as required.
- 4) Limit of Detection (LOD) replicate results for all analytes that require an LOD.
- 5) Initial Demonstration of Capability (IDC) summary for all analytes. Include the quality manual or SOP(s) that specifies what the laboratory requires as the IDCs for each method.
- 6) Prep and analysis raw data for the PT sample including the initial calibration data. If a PT sample is not required, send raw data from the IDC.
- 7) Prep and analysis SOPs for each method.
- 8) Social Security Number / FEIN Collection Request Form (for initial and transfer of ownership applications only).
- 9) Quality Manual (initial applications only).
- 10) Proof of Intent to Perform Work in Wisconsin (initial applications only for laboratories that are not physically located in Wisconsin).