

**Georgia Department of Natural Resources  
Environmental Protection Division  
Drinking Water Compliance Unit  
2 Martin Luther King, Jr. Drive, S.E., Floyd Towers East, Suite 1152  
Atlanta, Georgia 30334**

**Application for Certification By Reciprocity of Drinking Water Laboratories**

1. Name of Laboratory/Facility: \_\_\_\_\_
  
2. If Public Water System Laboratory, give system ID#: \_\_\_\_\_
  
3. Laboratory Street Address: \_\_\_\_\_  
\_\_\_\_\_
  
4. Laboratory Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
  
5. Telephone Number:( ) \_\_\_\_\_ Fax Number:( ) \_\_\_\_\_
  
6. Laboratory Director: \_\_\_\_\_
  
7. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
  
8. Laboratory Owner: \_\_\_\_\_ Telephone:( ) \_\_\_\_\_
  
9. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

10. Primary Contact:\_\_\_\_\_ Telephone:(\_\_\_\_)\_\_\_\_\_

11. Email of Primary Contact:\_\_\_\_\_

12. Primacy State/Third Party Agent:\_\_\_\_\_

13. Date of Certification/Accreditation:\_\_\_\_\_ Expiration Date:\_\_\_\_\_

14. Personnel:

<u>Position/Title</u>	<u>Name</u>	<u>Specialty</u>	<u>Years</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. Are all analyses for which you are seeking certification in Georgia performed at the address? Yes \_\_\_\_\_ No \_\_\_\_\_

16. If not, list categories of analyses, names, addresses and certification/accreditation status of the laboratory(ies) performing these analyses for you.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attachment A-1**

**(This page should be on Laboratory Letterhead or attached to a document with Laboratory Letterhead)**

I \_\_\_\_\_(Director) certify that all laboratory personnel are knowledgeable of EPA /State approved methodologies and quality control procedures; that the equipment necessary to perform these analyses is available in the laboratory, and that all analyses will be performed using EPA/State approved methods.

I hereby agree that the limitations of certification that may be prescribed by the Environmental Protection Division, Georgia Department of Natural Resources will be strictly, clearly and prominently stated whenever any reference to such certification is represented to prospective clients, whether through individual contracts publication or other media. "Limitations" as used above refers to the fact that any certification by the Environmental Protection Division as a result of this application will apply only to the analytes approved in the certification document, and whose measurements are required by the Georgia Safe Drinking Water Act of 1977. Such parameters are required to be measured only in samples from public water systems. Violation of this Agreement will constitute grounds for revocation of certification.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director

Witness my hand and official seal at \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

My commission expires: \_\_\_\_\_

Notary Public:

