

## APPLICATION FOR LICENSURE 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 <span style="margin-left: 200px;">CITY</span> <span style="margin-left: 100px;">STATE</span> <span style="margin-left: 50px;">ZIP</span>
LABORATORY PHYSICAL ADDRESS:	
	ADDRESS <span style="margin-left: 200px;">CITY</span> <span style="margin-left: 100px;">STATE</span> <span style="margin-left: 50px;">ZIP</span>
LABORATORY PHONE NUMBER:	
LABORATORY FAX NUMBER:	
PROFICIENCY TESTING PROVIDER:	

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

**Please Include in your application response:**

- List of analytes and methods for which licensure is desired.
- A copy of the laboratory's Quality Assurance Plan.
- Payment of the licensure fee for chemistry and/or microbiology.
- 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>