

State of Nebraska
Nebraska Department of Health and Human Services,
Public Health Environmental Laboratory
3701 South 14th Street, Lincoln, NE 68502
(402) 471-8426

**APPLICATION FOR CERTIFICATION OF DRINKING WATER TESTING
LABORATORIES FOR NEBRASKA**

Please complete all applicable parts of this form using a typewriter or computer, or print in ink.
Once completed return to the above address to the attention of the QA Manager.

Date of Request

Date Request received by HHS Staff

Check all that apply:

- Initial Certification Request Re-certification Request Certification through Reciprocity Request
 Additional Method/Analyte Certification Request Nebraska Coliform Testing Agreement Request

1. Name of Laboratory or Facility (As it should appear on the Certificate or Agreement)

2. Description of Laboratory (Check one)

- County Health Department Utility Laboratory University/Academic Dept
 Commercial Laboratory Other (Please describe) _____

3. Location (Physical address) of Laboratory

Street: _____ City: _____ State: _____ Zip: _____

4. Mailing Address (If different from above)

Street: _____ City: _____ State: _____ Zip: _____

5. Name of Lead Technical Director (e.g., Laboratory Director) 6. Telephone #

7. Name of Quality Assurance Officer 8. Telephone #

9. Hours of Operation: 10. E-mail address 11. Fax #

12. Certification Number (If already Certified) 13. EPA ID (Required for PT Acceptance)

14. Primary Accrediting Authority (If requesting reciprocal certification):

15. Check here if requesting a laboratory agreement to perform Drinking Water Coliform Testing for Public Water Systems in Nebraska.

Check here if you can prove you can meet the electronic data submittal requirement.

16. Check here if Additional Method(s) and/or Analyte(s) Certification is being Requested at this time. (If this application is for additional analytes and/or test methods, in which case **do not** include methods or analytes you are currently certified to perform by the State of Nebraska.)
