
Laboratory Approval Program Application for Renewal Package

Laboratory Approval Program

Application for Renewal

1. Name of Laboratory _____
2. Street Address _____
3. P. O. Box _____
4. City _____
5. State _____
6. Zip _____
7. County _____
8. Phone No. _____

DO NOT WRITE IN THIS AREA--FOR AQMD PURPOSES ONLY

Application ID Assigned: _____

Application Received: _____

Acknowledgment Letter Sent: _____

Authorized Signature: _____

9. Fax No. _____
10. Individual Owner's Name (if applicable) _____
11. Name of Parent Company (if applicable) _____

12. Authorized Representative responsible for ensuring that the laboratory complies with the conditions and criteria for testing approval _____

13. Technical Director or Manager of Laboratory _____

14. Reason for renewal: (Check all that apply.)
- Change in signatory (no fee required)
 - Change in responsible laboratory staff (no fee required)
 - Annual renewal (fee per method required)

15. If there is any change in the signatory or responsible laboratory staff, please provide a revised personnel organization chart of the laboratory where work will be performed. Identify the "new" signatory or responsible laboratory staff who will sign reports.

16. List the method(s) for which approval/renewal is being sought. (Refer to LAP Form No. 070 - Specified Laboratory Method Approval Fees Structure.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

17. Please include a renewal fee of \$139.22 per method with the check made payable to: South Coast Air Quality Management District.

18. You will be notified by the District should an on-site audit/observation or audit sample analysis will be necessary. (Refer to LAP Form No. 070 - Specified Laboratory Method Approval Fee Structure for associated fees)

Authorized Signature

Date

Send application, required attachments and fees to:

**The Laboratory Approval Program Coordinator
Monitoring & Analysis
South Coast Air Quality Management District
21865 E. Copley Drive
Diamond Bar, CA 91765-4182
Phone: (909) 396-2228
Fax: (909) 396-2099**

Laboratory Approval Program Renewal Declaration of No Change

1. Name of Laboratory _____
2. Street Address _____
3. P. O. Box _____
4. City _____
5. State _____
6. Zip _____
7. County _____
8. Phone No. _____ Fax No. _____
- 9 List of methods for renewal _____

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PURPOSES ONLY**

Application ID Assigned: _____

Application Received: _____

Acknowledgment Letter Sent: _____

Authorized Signature: _____

I certify that the conditions under which the latest Letter of Approval was granted for the above methods have not changed. These conditions include but are not limited to ownership, management, organizational chart, LAP duties and procedures performed by personnel, facility site or configuration, number of sub-facilities or mobile laboratories, equipment and major instruments, methods, and quality assurance, as described in the latest General and Method-specific Applications.

Signature, authorized representative

Date

Note: If changes have been made in operations that would affect Approval conditions, please request the relevant General and/ or Method-specific applications and describe these changes.

Laboratory Approval Program Renewal LAP Conditions for Approval Agreement

To become approved and maintain approval, the test facility must:

Be legally identifiable.

Have an authorized contact.

Have a technical manager.

Submit information required by LAP, including applications, organization charts and facility descriptions, test reports etc.

Agree to be assessed and evaluated initially and on a periodic basis

Pay all relevant fees.

Meet and maintain LAP conditions for all reports issued under LAP approval, as identified by LAP letterhead or a LAP logo.

Maintain records of complaints and actions taken in response to complaints for at least one year.

Maintain an independent decisional relationship between itself and its clients, affiliates, or other organizations so that the laboratory's capacity to render test reports objectively and without bias is not adversely affected

Have policies to ensure that its personnel are free from commercial, financial, or other undue pressure that might adversely affect the quality of their work.

Limit the representation of the scope of its Approval to only those tests or services for which Approval is granted.

Limit advertising of its approved status to letterhead, test reports, brochures and technical, trade or professional publications.

Inform its clients that approval of its test reports in no way constitutes or implies product certification, or guarantee of results.

Report to LAP within 60 days any major changes involving location, facility, management, staff, procedures, equipment, or QA.

Return to LAP the Letter of Approval for possible revision or other action if:

requested by LAP,

test facility withdraws from LAP

test facility becomes unable to conform to these criteria and related technical requirements

I agree to the above conditions

Signature, authorized contact

Date

**Laboratory Approval Program
Renewal
Conflict of Interest Statement**

1. The test facility shall have no financial interest in the company or facility being tested, or in the parent company or any subsidiary thereof.
2. The company or facility being tested, or parent company or subsidiary thereof, shall have no financial interest in the test facility.
3. Any company or facility responsible for the emission of significant quantities of pollutants to the atmosphere, or parent company or subsidiary thereof, shall have financial interest in the test facility
4. The test facility shall not be in partnership with, own or be owned by, in any part or in full, the contractor who has provided or installed equipment (basic or control), or monitoring systems, for the company being tested.

The above information is true to the best of my knowledge and belief

Signature, authorized contact

Date

Attach this application to the LAP General Application and submit to :

**The Laboratory Approval Program Coordinator
Monitoring and Analysis
South Coast Air Quality Management District
21865 E. Copley Drive
Diamond Bar, California, 91765-4182
Phone: (909) 396-2228
Fax: (909) 396-2099**

TABLE 3
Specified Laboratory Method Approval Fee Structure

(based on District Rule 304, Table I, Amended May 4, 2007)

<u>TYPE</u>	<u>METHOD</u>	<u>APPROVAL FEE</u>	<u>SITE VISIT/AUDIT</u>	<u>ANNUAL RENEWAL/APPROVAL</u>
R462	District Test Procedures	\$143.81	O/O	\$143.81
R1420	Ambient Sampling	\$143.81	O/O	\$143.81
	Ambient Analysis	\$143.81	M/O	\$143.81
	Source Testing	\$143.81	O/O	\$143.81
	Source Test Analysis	\$143.81	M/O	\$143.81
S.T.	Methods 1-4	\$143.81	O/O	\$143.81
	Methods 5-6.1	\$143.81	O/O	\$143.81
	Method 7.1	\$143.81	O/O	\$143.81
	Method 10.1	\$143.81	O/O	\$143.81
	Method 100.1	\$143.81	O/M*	\$143.81
	Method 307-91 & ASTM 1945-81 & ASTM 3588-91 & ASTM 4891-89	\$143.81	O/O	\$143.81
			O/O	
			O/O	
TCA	Methods 25.1			
	Sampling	\$143.81	O/O	\$143.81
	Analysis	\$143.81	M/O	\$143.81
	Method 25.3			
	Sampling	\$143.81	O/O	\$143.81
R1111	Analysis	\$143.81	M/O	\$143.81
	District Protocol	\$143.81	M/O	\$143.81
R1121 & R1146.2	District Protocol	\$143.81	M/O	\$143.81
R1138	District Protocol	\$143.81	M/O	\$143.81
R1174	Method 25.1/25.3	\$143.81	M/O	\$143.81
VOC	Method 302	\$143.81	M/O	\$143.81
	Method 303	\$143.81	M/O	\$143.81
	Method 304	\$143.81	M/O	\$143.81
	Method 316A	\$143.81	M/O	\$143.81

M = Mandatory

O = District Option

A facility inspection or site may be required as part of the Laboratory Approval Program. The costs for this are \$107.88/hr. up to \$316.20 additional.

Inspections/visits may be conducted concurrently for more than one method.

Audit sample analysis may also be required and the costs are \$143.81/hr. up to \$421.56 additional.

***Method 100.1 system audits are mandatory for approval (may also be required subsequently for renewal) and conducted at the AQMD Headquarters. The costs are \$143.81/hr. up to \$421.56 additional.**

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

LAP - RENEWAL APPLICATION

LABORATORY PERSONNEL CHANGE(S)

DEPARTING EMPLOYEE				EMPLOYEE NOW PERFORMING TASK	
				*	
NAME	JOB TITLE	PERFORMED TASK	HRS/WK	NAME	QUALIFICATIONS

* If person now performing tasks was previously involved in emissions testing and analyses for more than 90% of the time, explain how negative impact of increased workload will be mitigated: _____

NEW EMPLOYEE DATA				
NAME	JOB TITLE	QUALIFICATIONS/EXPERIENCE*	PLANNED TRAINING	SUPERVISOR

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*** If new employee has no experience, please specify in detail tasks to be performed by employee, training process, workshops, training materials, and level and period of increased oversight of work outputs:** _____

(a:perschg.doc)