



**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY**  
 Environmental Laboratory Accreditation Program  
 PO Box 13087, MC-165  
 Austin, TX 78711-3087



# Application for Environmental Laboratory Accreditation

Pages 14-15 contain instructions for completing and returning the application.

Please enter, type, or print in ink all entries except for signatures.

## TRADE SECRETS NOTIFICATION (CONFIDENTIAL BUSINESS INFORMATION)

Unless specifically designated and labeled as such, information contained in this application and the documents submitted with it are not considered trade secrets and may be released without review by the Commission in accordance with the Texas Public Information (Open Records) Act. Personnel information in Part 4 will not be disclosed outside the Texas Commission on Environmental Quality (TCEQ), except in compliance with the Texas Public Information Act.

### 1. Type of Application:

New

Renewal

Amendment

Primary Accreditation

Secondary Accreditation

Primary and Secondary Accreditation

Date: \_\_\_\_\_

### 2. Laboratory Information:

#### a. Legal Name of Laboratory:

\_\_\_\_\_

#### b. Mailing Address:

Designated Mail Recipient (Name and Title): \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip + 4 \_\_\_\_\_

#### c. Laboratory Physical Location (If different than Mailing Address):

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip + 4 \_\_\_\_\_

**d. Billing Address** (If different than Mailing Address):

Billing Recipient (Name and Title): \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip + 4 \_\_\_\_\_

**e. Telephone Number:** \_\_\_\_\_

**f. FAX Number:** \_\_\_\_\_

**g. U. S. Environmental Protection Agency (EPA) Laboratory Number:** \_\_\_\_\_

**h. TNI/NELAP Laboratory ID Number:** \_\_\_\_\_

**3. Laboratory Type:**

Check all that apply.

- Commercial
- Federal
- Hospital or Health Care
- State Agency
- Academic Institute
- Public Water System
- Public Wastewater System
- Industrial (industry with discharge permits)
- River Authority
- Other \_\_\_\_\_

Mobile Lab(s)  Yes  No

Unique Vehicle Identification Information:				
Vehicle Make	Model	Vehicle Identification Number	License Number	State of Registration

**4. Key Personnel:**

**a. Owner:**

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip + 4 \_\_\_\_\_  
Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**b. Laboratory Manager (However named):**

Name \_\_\_\_\_  
Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**c. Technical Manager (However named):**

Name \_\_\_\_\_  
Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**d. Quality Manager (However named):**

Name \_\_\_\_\_  
Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**e. Laboratory Contact Person:**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Other Key Personnel (for example, other Technical Managers):**

**f. Title** \_\_\_\_\_  
Name \_\_\_\_\_  
Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**g. Title** \_\_\_\_\_  
Name \_\_\_\_\_  
Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Use multiples copies of this page if necessary. Complete a Personnel Qualifications Worksheet (page 9) for the Technical Manager(s) and Quality Manager.

**5. Laboratory Days and Hours of Operation:**

(For example; Monday - Friday, 8 am - 5 pm. Please include Time Zone information)

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**6. Primary Accreditation Body Information (Secondary Accreditation Only):**

(If other than the State of Texas – Enclose copies of the lab’s current Certificate(s) and Scope(s) of Accreditation)

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**7. Fields of Accreditation:**

Download and complete the Fields of Accreditation document. Check all fields for which the lab is seeking to accreditate. Enclose the document with the application package.

[http://www.tceq.texas.gov/assets/public/compliance/compliance\\_support/qa/tceq20132a.pdf](http://www.tceq.texas.gov/assets/public/compliance/compliance_support/qa/tceq20132a.pdf)

(If you cannot access the Fields of Accreditation document, contact us at (512) 239–3754 for paper copies.)

**8. Annual Accreditation Fee:**

**a. Administrative Fee:**

1. Enter **\$500** for laboratories seeking primary accreditation;
2. Enter **\$350** for laboratories seeking **ONLY** secondary accreditation; **OR**
3. Enter **\$250** to add one or more Fields of Accreditation to an existing accreditation.

\$
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**b. Category Fee:**

1. For each category (a-p), enter an X in the **Matrix** blocks (1-5) that apply to your lab. Add the Matrices checked and enter the result in the corresponding row of the **Number of Matrices** column (6). Multiply this number by the associated **Annual Fee per Matrix** (7) and enter the result in the **Lab Fees** column (8).
2. Add the totals from all the boxes the **Lab Fees** column (8) and enter the result in the **Category Fee** box (q).

CATEGORIES	MATRIX					FEES		
	Air (1)	Biologic Tissue (2)	Drinking Water (3)	Non- potable Water (4)	Solids & Chemicals (5)	Number of Matrices (6)	Annual Fee per Matrix (7)	Lab Fees (8)
(a.) Microbiology	NA	NA					\$255	
(b.) Radiochemistry							\$510	
(c.) Metals		NA					\$385	
(d.) Metals – Biologic Tissue only	NA		NA	NA	NA		\$510	
(e.) General Chemistry							\$510	
(f.) Disinfection By-products	NA	NA		NA	NA		\$255	
(g.) Volatile Organic Compounds by GC/MS		NA					\$255	
(h.) Volatile Organic Compounds by GC/MS – Biologic Tissue only	NA		NA	NA	NA		\$385	
(i.) Semivolatile Organic Compounds by GC/MS							\$385	
(j.1) Organic Compounds by GC using detection other than MS (including TCEQ Method 1005)							\$510	
(j.2) TPH by TCEQ Method 1005 <b>ONLY</b>	NA	NA	NA				\$255	
(k.) Organic Compounds by HPLC							\$510	
(l.) Polychlorinated Dibenzo-p-dioxins and Dibenzofurans							\$385	
(m.) Asbestos & Airborne Fibers by Microscopy	NA	NA		NA	NA		\$385	
(n.) Aquatic Toxicity	NA	NA	NA				\$510	
(o.) Waste Characteristics	NA	NA	NA				\$255	
(p.) Particulate Matter		NA	NA	NA	NA		\$255	
<b>(q.)</b>							<b>Category Fee =</b>	<b>\$</b>

**c. Total Fee:**

Add the Administrative fee selected to the result entered in (q) above to determine your **Total Fee:**

\$
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Accreditation fees must be paid by check or money order made payable to the Texas Commission on Environmental Quality.

Out of state laboratories shall also pay reasonable travel costs associated with conducting an on-site assessment. TCEQ will contact you prior to assessing these costs.

After August 31, 2011, the operator of an environmental testing laboratory located in another state and applying for primary accreditation shall also pay a fee equal to the labor, reasonable travel costs (including, but not limited to, transportation, lodging, per diem, and any telephone charges), and other reasonable costs associated with conducting an assessment at the laboratory.

**NOTE: TCEQ will not process your application until all fees have been received. All fees associated with accreditation are nonrefundable. Contact us to verify fee calculations prior to sending any monies. Our phone number is (512) 239-3754. You may also e-mail us at:**

[labprgms@tceq.texas.gov](mailto:labprgms@tceq.texas.gov)

### **9. Completion and Quality Manual, Operating Procedures (Primary Accreditation Only):**

- a. Fill out the attached Completion (p. 8) and Quality Manual & Policies and Procedures checklists (pp. 10 – 13).

**NOTE: TCEQ will not process your application if the Completion and Quality Manual, Policies and Procedures checklists are not filled out completely and enclosed with the application.**

- b. Enclose copies of your laboratory Quality Manual and all technical and non-technical Standard Operating Procedures (SOPs).

**NOTE: TCEQ will not process your application if the Quality Manual and SOPs are not enclosed with the application.**

### **10. Initial Demonstration of Capability (IDOC)/Minimum Detection Limit (MDL) (Primary Accreditation Only):**

Submit IDOC/MDL data for the requested parameters. This includes Demonstration of Capability (DOC) certification statements that meet all of the requirements listed in Section 1.6, Volume 1 of the appropriate modules in the 2009 TNI standard.

### **11. Proficiency Testing (PT) Provider(s) (Primary Accreditation Only):**

Have your provider send PT sample results electronically to:

Laboratory Accreditation Program  
Texas Commission on Environmental Quality  
P.O. Box 13087, MC - 165  
Austin, TX 78711-3087

For initial accreditation, two PT samples must have been successfully analyzed for each field of accreditation. The analysis date of the PT samples for an accreditation FoPT shall be no more than eighteen (18) months prior to the application date for accreditation, with the analysis date of the most recent PT sample for an accreditation FoPT having been no more than six (6) months prior to the application date for accreditation. There shall be at least fifteen (15) calendar days between the analysis dates of successive PT samples for the accreditation FoPT.

**NOTE: TCEQ will not process your application until all PT sample results are received.**

**12. Certification of Compliance:**

This application must be signed and dated by laboratory management to attest the validity of the application information.

- a) I understand and acknowledge that the laboratory is required to be continually in compliance with all the provisions set forth in Title 30 Texas Administrative Code (TAC), Chapter 25, Subchapters A and B, and with the TNI NELAP standards, and is subject to the enforcement and penalty provisions of the Texas Commission on Environmental Quality (TCEQ) accrediting authority.
- b) I hereby certify that I am authorized to sign this application on behalf of the applicant/owner and that there are no misrepresentations in my answers to the questions on this application.

**Legal Name of Laboratory:** \_\_\_\_\_

**Owner/Authorized Agent**

**Laboratory Manager**

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Lead Technical Manager**

**Quality Manager**

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Technical Manager/Other**

**Technical Manager/Other**

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Use additional sheets if necessary.

<h2 style="text-align: center;">Completion Checklist</h2> <p style="text-align: center;"><i>(Gray shaded areas for TCEQ use only.)</i></p>		For TCEQ use Only		
		YES	NO	N/A
<input type="checkbox"/>	The form is completely filled out, signed, and dated			
<input type="checkbox"/>	Personnel Qualification Worksheets have been included for all required personnel <input type="checkbox"/> Laboratory Manager (However named) <input type="checkbox"/> Technical Manager (However named) <input type="checkbox"/> Quality Manager (However named) <input type="checkbox"/> Other Technical Manager(s) and Key Personnel			
<input type="checkbox"/>	Completed Fields of Accreditation document is included			
<input type="checkbox"/>	Proper fees are enclosed			
<input type="checkbox"/>	Completed Quality Manual, Policies and Procedures checklists are enclosed (Primary Accreditation Only)			
<input type="checkbox"/>	A copy of the Quality Manual is enclosed (Primary Accreditation Only)			
<input type="checkbox"/>	Copies of technical and non-technical SOPs are enclosed (Primary Accreditation Only)			
<input type="checkbox"/>	Copies of IDOCs/MDLs for requested parameters are enclosed (Primary Accreditation Only)			
<input type="checkbox"/>	PT results have been forwarded by the provider(s) to TCEQ			
<input type="checkbox"/>	The Certification of Compliance has been signed and dated by: <input type="checkbox"/> Laboratory Owner or Authorized Agent <input type="checkbox"/> Laboratory Manager <input type="checkbox"/> Technical Manager(s) <input type="checkbox"/> Quality Manager			

Include this checklist with the application package.



# Personnel Qualifications Worksheet

1. Laboratory Name \_\_\_\_\_

2. Person's Name: \_\_\_\_\_

3. Job Title: \_\_\_\_\_

4. Key Personnel Position:       Technical Manager       Quality Manager

5. Technical Manager Discipline(s):       Chemical analysis       Inorganic chemical analysis other than metals  
 (2009 TNI V1M1 5.2.6.1)

Radiological analysis       Microbiological or Biological analysis       Microbiological analysis limited to fecal coliform, total coliform, E. coli, and standard plate count

Microscopic examination of asbestos and/or airborne fibers

5. Education: (For technical manager recognition, you must submit a copy of the person's college transcripts)

Month/Year From – to	College/ University	Location	Major	Degree	Year Compl.	Sem. Cred. Hrs. <b>per discipline</b>

6. Technical Training:

Month/Year From – To	Technical Trade or Service School	Location	Subject	Certificate	Year Completed

7. Relevant Experience:

Month/Year From – To	Name and Address of Employer	Job Title

8. Treatment Plant Operator's Certificate:

Grade	Specialty	Expiration Date	Issuing Organization/Authority

Please attach a copy of the certificate

If relevant, describe any additional experience on a separate sheet of paper. Be sure to identify by name the individuals, laboratories, and positions listed.

## QUALITY MANUAL, POLICIES AND PROCEDURES CHECKLISTS

*(Gray shaded areas for TCEQ use only.)*

<b>Laboratory Name:</b> _____ <b>TNI Laboratory ID (if known):</b> _____ <b>TCEQ Assessor Checklist Reviewer (Initials/Date):</b> _____	<b>Citations taken: TNI Standard, EL 2009, Volume 1, Module 2</b> <b>Effective date 7/1/2011</b>
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### QUALITY MANUAL CHECKLIST

*Please indicate, by section number and/or page number, where the following elements are found in the submitted Laboratory Quality Manual.*

Mandatory Quality Elements & TNI Reference	Laboratory Reference	Document Compliant			Comments & Corrective Actions
		Y	N	N/A	
4.2.8.3 The quality manual shall contain					
a) Document title					
b) Laboratory's full name and address					
c) Name, address (if different from above), and telephone number of individual(s) responsible for the laboratory					
d) Identification of all major organizational units covered by the quality manual and effective date of the version					
e) Identification of the laboratory's approved signatories					
f) Signed and dated concurrence (with appropriate names and titles) of all responsible parties including quality manager(s), technical manager(s), and the agent who's in charge of all laboratory activities (such as the lab director or lab manager)					
g) Objectives of the quality system and contain, or reference, the laboratory's policies and procedures					
h) Laboratory's official quality policy statement, including quality system objectives and management's commitment to ethical lab practices and to upholding the requirements of the standard					
i) Table of contents and applicable lists of references, glossaries, and appendices					
4.2.6 Roles and responsibilities of technical management and the quality manager, including their responsibility for ensuring compliance with the standard					
4.2.8.4 The quality manual shall contain or reference:					
a) All maintenance, calibration, and verification procedures used by the laboratory in conducting tests					
b) Major equipment and reference measurement standards used, as well as facilities and services used by the laboratory					
c) Verification practices (e.g. inter-laboratory comparisons, proficiency testing programs, use of reference materials, and internal QC schemes)					
d) Procedures for reporting analytical results					
e) Organization and management structure, its place in any parent organization, and relevant organizational charts					
f) Procedures to ensure records are retained; procedures for control and maintenance of documentation through a document control system that clearly indicates time periods during which procedures or documents are in force					
g) Job descriptions of key staff and reference to job descriptions of other lab staff					
h) Procedures for achieving traceability of measurements					

Mandatory Quality Elements & TNI Reference	Laboratory Reference	Document Compliant			Comments & Corrective Actions
		Y	N	N/A	
i) List of all test methods under which the lab performs accredited testing					
j) Procedures for reviewing new work and ascertaining appropriateness of facilities and resources prior to commencing new work					
k) Procedures for handling samples					
l) Procedures followed for feedback and corrective action when testing discrepancies are detected or when departures to documented policies and procedures occur					
m) Policy for permitting departures from documented policies and procedures or from standard specifications					
n) Procedures for dealing with complaints					
o) Procedures for protecting confidentiality (including national security concerns) and proprietary rights					
p) Procedures for audits and data review					
q) Procedures for establishing that personnel are adequately experienced in the duties they are expected to carry out and are receiving any needed training					
r) Policy addressing the use of unique electronic signatures, where applicable					

## POLICIES AND PROCEDURES CHECKLIST

*Please indicate, by document, section number and/or page number, where the following elements are found in the laboratory's documentation.*

Mandatory Quality Elements & TNI Reference	Laboratory Reference	Document Compliant			Comments & Corrective Actions
		Y	N	N/A	
In addition to the mandatory quality elements listed above, the following elements also require documentation in policies, procedures, and/or the quality manual.					
4.2.1-2	The laboratory shall establish, implement, and maintain a management system appropriate to the scope of its activities. The laboratory shall document its policies, systems, programs, procedures, and instructions to the extent necessary to assure the quality of test and/or calibration results. The system's documentation shall be communicated to, understood by, available to, and implemented by the appropriate personnel. The quality policy statement shall be issued under the authority of top management and shall include at least the following:				
a)	Lab Management's commitment good professional practice and to the quality of its testing and calibration in servicing its customers				
b)	Management's statement of the lab's standard of service				
c)	Purpose of the management system related to quality				
d)	Requirement that all personnel concerned with testing and calibration activities within the lab familiarize themselves with the quality documentation and implement the policies and procedures in their work				
e)	Lab management's commitment to comply with the standard and to continually improve the effectiveness of the management system				
4.1.5.c	Policies and procedures to ensure protection of customers' confidential information and proprietary rights, including procedures for protecting electronic storage and transmission of results				
4.1.5.d	Policies and procedures to avoid involvement in activities that would diminish confidence in the laboratory's competence, impartiality, judgment, or operational integrity				
4.1.5.e	Relationship between management, technical operations, support services, and quality system				
4.2.8.1	Procedures for establishing and maintaining data integrity, including training, documentation, and monitoring				
4.2.8.5	SOPs that accurately reflect all phases of current lab activities, such as assessing data integrity, corrective actions, handling customer complaints, and all methods				
4.6.1	Procedures for selection and purchasing of services and supplies; procedures for purchase, reception, and storage of reagents and consumables				
4.13.1.1	Procedures for identification, collection, indexing, access, filing, storage, maintenance, and disposal of quality and technical records				
4.13.1.4	Procedures to protect and back-up records stored electronically and to prevent unauthorized access to or amendment of these records				
4.13.3.h	Plan to ensure that records are maintained or transferred according to clients' instructions in the event the laboratory transfers ownership or goes out of business				
4.14.1.5	Procedures addressing internal audits, findings, and corrective actions that ensure these actions are completed within the agreed time frame				
4.15.1	Procedures for conducting a review of the laboratory's management system and testing and/or calibration activities by laboratory's top management				
5.4.7.2.b	Procedures for protecting the data, including integrity and confidentiality of data entry or collection, data storage, data transmission, and data processing				
5.5.6	Program for safe handling, transport, storage, use, and planned maintenance of measurement equipment				

Mandatory Quality Elements & TNI Reference		Laboratory Reference	Document Compliant			Comments & Corrective Actions
			Y	N	N/A	
5.5.11	Procedures to ensure where calibration gives rise to a set of correction factors that copies (e.g. in computer software, for thermometers) are correctly updated					
5.6.3.1	Program and procedure for the calibration of the laboratory's reference standards					
5.6.3.4	Procedures for safe handling, transport, storage, and use of reference standards and reference materials					
5.6.4	Procedures for purchasing, receiving, and storing materials used in technical operations of the laboratory					
5.7.1, 5.7.3	Sampling plan & procedures, if applicable, availability of plan at the sampling location Procedures for recording relevant data and operations relating to sampling					
5.7.1	Procedures and appropriate techniques for obtaining representative subsamples as part of the test method					
5.8.1	Procedures for the transportation, receipt, handling, protection, storage, retention and/or disposal of samples					
5.8.4	Procedures to avoid deterioration, contamination, or damage to samples during storage, handling, preparation, and testing					
5.8.5.a	System for uniquely identifying samples to be tested, including samples, sub-samples, preservations, sample containers, tests, and subsequent extracts and/or digestates					
5.8.6.a-e	Written sample acceptance policy					
5.8.6.f-g	Procedures followed when samples show signs of damage, contamination or inadequate preservation; and qualification of data					
5.8.9.c	Procedures for disposal of samples, digestates, leachates, extracts, and other sample prep products					
5.9.1	Quality control procedures for monitoring the validity of environmental tests and calibrations undertaken					
5.9.3.a	Written protocols to monitor quality controls					
5.9.3.c	Procedures for development of quality control acceptance/rejection criteria					

# Instructions

(Do not return the instruction pages with the application package)

If you have questions about the Texas Environmental Laboratory Accreditation Program, contact us at (512) 239-3754  
You may also e-mail us at: [labprgms@tceq.texas.gov](mailto:labprgms@tceq.texas.gov)

- Item 1:**  
Type of Application
- Check whether this is a new application or an amendment of an existing accreditation.
  - Check whether this application is for Primary, Secondary, or both Primary and Secondary Accreditation.
- Item 2:**  
Laboratory Information
- a. Enter the legal name of the laboratory. This name will appear on the laboratory's certificate and on all official correspondence.
  - b. Enter the laboratory's mailing address. Note that the TCEQ verifies address information using the nine-digit Zip Code format.
  - c. Enter the laboratory's physical address if it differs from the mailing address.
  - d. As in "c," enter the billing address if it differs from the mailing address.
  - e. Enter the Telephone number with area code.
  - f. Enter the Fax number with area code.
  - g. Enter your EPA Laboratory Number. If you have any questions on this matter, contact us at (512) 239-3754 and we will assist you.
  - h. Enter your TNI/NELAP Laboratory Number. If you have any questions on this matter, contact us at (512) 239-3754 and we will assist you.
- Item 3:**  
Laboratory Type
- Check the section(s) that best describes your laboratory.
- If you have mobile lab(s), check the appropriate box and enter the required information for each vehicle.
- Item 4:**  
Key Personnel
- a. Enter the owner's contact information.
  - b. Enter the name, phone number (with area code), and e-mail address of the Laboratory Manager.
  - c. Enter the name, phone number (with area code), and e-mail address of the Technical Manager.
  - d. Enter the name, phone number (with area code), and e-mail address of the Quality Manager.
  - e. Enter the name, phone number (with area code), and e-mail address of the laboratory's contact person.
  - f-g. Enter contact information on other key personnel (such as technical manager) pertinent to the application.
  - Complete a Personnel Qualifications Worksheet (p. 9) for the Laboratory's Technical Manager(s) and Quality Manager.
- Item 5:**  
Laboratory days and hours of Operations
- Enter the lab's normal business hours as well as the time zone in which it operates.
- Item 6:**  
Primary Accreditation Body
- Secondary Accreditation only.
  - Enter the lab's primary accreditation body or bodies and certificate number(s).
  - Enclose copies of the lab's certificate(s) and Fields of Accreditation with the application package.
- Item 7:**  
Fields of Accreditation Requested
- For initial accreditation. Download and complete the required Fields of Accreditation document. Check all fields for which the lab is seeking accreditation. Include the document with the application package.
  - When adding Fields of Accreditation to an existing accreditation. Download and complete the Fields of Accreditation document (only check those additions you wish to make).
- Item 8:**  
Annual Accreditation Fee
- a. Enter the proper **Administrative Fee** based on the type of accreditation you are seeking.
  - b. For each category (a-p), enter an X in the **Matrix** blocks (1-5) that apply to your lab. Add the Matrices checked and enter the result in the corresponding row of the **Number of Matrices** column (6). Multiply the resulting number by the associated **Annual Fee per Matrix** (7) and enter the result in the **Lab Fees** column (8). Add the totals from all the boxes in the **Lab Fees** column (8) and enter the result in the **Total Category Fee** box (q).
  - c. Add the amounts you entered in 8a and 8b to figure your **Total Fee** amount.
- Item 9:**  
Quality Manual & Standard Operating Procedures
- Primary Accreditation only.
  - a. Complete the attached Quality Manual, Policies and Procedures Checklists
  - b. Enclose copies of your laboratory Quality Manual and all technical and non-technical SOPs.
- Item 10:**  
PT Provider(s)
- Primary Accreditation only.
  - Have PT Provider(s) forward PT sample results to TCEQ.
- Item 11:**  
Certification of Compliance
- The owner/authorized agent of the Laboratory as well as the Laboratory Manager, Technical Manager(s) and Quality Manager must sign and date the required compliance statement (p. 7). Use additional sheets if necessary.

Mail the application and supporting documents to:

Laboratory Accreditation Program  
Texas Commission on Environmental Quality  
P.O. Box 13087, MC-165  
Austin, TX 78711-3087

Our physical address for overnight deliveries is:

Laboratory Accreditation Program  
Texas Commission on Environmental Quality  
12100 Park 35 Circle, Building B, MC-165  
Austin, Texas 78753

Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at (512) 239-3754.