



For Official Use Only  
 Date Received: \_\_\_\_\_  
 Rec. Number: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_

## Form for Laboratory Registration

Please print or type responses in black or blue ink

Name of Business Owner: \_\_\_\_\_

Address of Business Owner: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Laboratory: \_\_\_\_\_

Address of Laboratory: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email contact (for official use only): \_\_\_\_\_

Names of all analysts employed by the Laboratory:  
 Check box if employee received NIOSH training or participates in a  
 PAT program (Please attach additional sheets of paper if needed)

NIOSH 582      PAT      Dates of completion

_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

- Please attach documentation of sample analysis types and methods, and any other accreditations, certifications, or any testing programs the laboratory is currently a part of.*
- The annual registration fee is \$100.00. Please make checks payable to **STATE DEPARTMENT OF HEALTH.**

Please sign and print your name and write the date in the blanks below if you understand and agree with the following statement:

I hereby attest and affirm that the information included on this registration, including any attachments, is true and accurate to the best of my belief and knowledge. I also attest and affirm that the laboratory will maintain certification(s) of workers according to Hawaii Administrative Rules §11-504-4, follow work practice standards according to §11-501, and conduct asbestos activities only in those fields in which workers have received certification.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Applicant's Printed Name and Title