



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 #: _____

Names of all analysts employed by the Laboratory: NIOSH 582 PAT Dates of completion
Check box if employee received NIOSH training or participates in a PAT program (Please attach additional sheets of paper if needed)

_____	<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 print and sign 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 Title