



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)

<u>NIOSH 582</u>	<u>PAT</u>	<u>Dates of completion</u>
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- ☐ *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

09/16