Laboratory Name: ________________________________________________________________

Laboratory EPA ID: ____________________       VELAP ID (if available): ________________

CHECK ONE:

☐ INITIAL APPLICATION: This request was not found in application selections. [Additional fees do not apply for requests made within the initial application process.]

☐ UPDATE TO APPLICATION: This request is for a Change in Scope of Certification/Accreditation or a change of primary Accrediting Body. Additional fees apply. [The laboratory will be invoiced after the request is processed.]

☐ REAPPLICATION AFTER REVOCATION: Note requirement for corrective action report; see below. [Additional fees apply. The laboratory will be invoiced after the request is processed.]

CHECK ONE if Update to Application or Reapplication after Revocation:

☐ CHAPTER 45 / CHAPTER 46 Primary REQUIRED SUBMISSIONS:
  • Standard Operating Procedure (SOP)
  • Ch 46: Two successful Proficiency Test (PT) studies, where available (See VELAP PT FAQ document.)
  • Ch 45: One successful Proficiency Test (PT) study, where available (See VELAP PT FAQ document.)
  • Demonstration of Capability (DOC) documentation, to include all information required by 1VAC30-45-730 G or the 2009 TN1 Standard (V1M4 1.6.2.1, V1M5 1.6.2.1, etc.)
  • [For the case where re-application after revocation is requested]: A corrective action report describing root cause(s) and action(s) taken to address the cause(s) for revocation
  • Applicable fees

☐ CHAPTER 46 Secondary REQUIRED SUBMISSIONS
  • Copy of the most current Certificate and Scope of Accreditation from the Primary Accrediting Body
  • Applicable fees

CHECK ONE: Please process this request:

☐ as soon as possible.

☐ with the next scheduled certificate issuance. (Submit request 90 days prior to certificate expiration.)

Number of Request Detail forms submitted with this Request Authorization form: ________

The laboratory owner or his/her designee is responsible for reviewing the current VELAP document at www.dgs.virginia.gov/dcls located under Frequently Asked Questions (FAQ) regarding Information and Fees for Adding Fields of Certification. [Applicable to Change In Scope or Re-Aplication after Revocation only.] Fees as described in the FAQ document and in the regulations referenced in the document will be invoiced upon completion of the Change in Scope, based on fees for associated processing time/labor and site visit fees, as applicable.

NOTE: A REQUEST WITHOUT APPROPRIATE SUPPORTING DOCUMENTATION MAY BE RETURNED WITHOUT PROCESSING. REGULATORY TIMELINES FOR CHANGE IN SCOPE APPLY TO APPLICATIONS RECEIVED WITH ALL SUPPORTING DOCUMENTATION. [1VAC30-45-90 B, 1VAC30-46-90 B]

Lab Owner’s (or designee’s) Name & Title: __________________________________________

Lab Owner’s (or designee’s) Signature & Date: ________________________________

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<th>Date/Initial:</th>
<th>Rec’d</th>
<th>Processing Completed</th>
<th>Invoiced</th>
<th>Reviewed</th>
<th>Payment Rec’d</th>
<th>Certificate Issued</th>
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NOTES:

Title: Change In Scope - Request Authorization

Document #:6972

Revision: 7

Date Published: 07/28/16

Issuing Authority: Group Manager
# Change in Scope - Request Detail

Laboratory Name: ____________________________ Laboratory EPA ID: __________ VELAP ID (if available): __________

**REQUESTED CHANGE IN PRIMARY ACCREDITING BODY (Identify new AB here):**

**REQUESTED CHANGE TO SCOPE (select ONE per form):**
- [ ] ADDITION
- [ ] REMOVAL

**MATRIX (select ONE per form):**
- [ ] Drinking Water
- [ ] Non-Potable Water
- [ ] Solid & Chemical Materials
- [ ] Air
- [ ] Biological Tissue

**INSTRUCTIONS:**
Below enter each METHOD/ANALYTE to be added or removed as indicated above. Please use separate forms for ADDITIONS and REMOVALS. Please use a separate form for each MATRIX.

For ADDITIONS for Chapter 45 or Chapter 46-Primary: SPECIFY THE NAME of PT studies submitted or already on file at DCLS.

For ADDITIONS for Chapter 46- Secondary: SPECIFY THE LOCATION of the Field Of Accreditation (FOA) on the included Primary Scope of Accreditation.

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<th>Method Name with Revision and/or Date</th>
<th>Analyte Name</th>
<th>FOR PRIMARY ACCREDITATION ONLY:</th>
<th>FOR SECONDARY ACCREDITATION ONLY:</th>
<th>VELAP INTERNAL USE ONLY:</th>
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<td>PT Study 2 (name)</td>
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<td>Line # of FOA on Primary Certificate</td>
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