Fee Payment Form

Laboratory Name: 

EPA Laboratory ID: Virginia Laboratory ID: Date: 

Payment Amount: ___________________

Program:

☐ VELAP Commercial Laboratory (1VAC30-46)
☐ VELAP Non-Commercial Laboratory (1VAC-30-45)
☐ SDWA Drinking Water Laboratory (1VAC-30-41)
☐ Tuning Fork Certification

If you require a receipt, please request it in writing with your payment. Thank you.

Method of Payment:

☐ Payment by check payable to: “Treasurer, Commonwealth of Virginia”
   Mail To: Attn: Laboratory Certification, DCLS, 600 North 5th Street; Richmond, VA

☐ Payment by any of the following: The Laboratory MUST pre-arrange, or provide documentation of transfer of funds, with the laboratory’s Lead Assessor or Laboratory Certification group [Lab_Cert@dgs.virginia.gov or (804) 648-4480] in order for the payment to be credited to the laboratory’s account:

☐ Inter-Agency Transfer
☐ Direct Bank Transfer
☐ Any other payment made DIRECTLY to DGS Fiscal Services, including credit card payments not submitted to the VELAP office using the form below.

☐ Payment by credit card - please sign and include the information below
   Mail To: Attn: Laboratory Certification, DCLS, 600 North 5th Street; Richmond, VA
   OR Fax to: (804) 692-0416

Credit Card Type: ☐ Visa ☐ Mastercard
Credit Card Account Number: __________________________
Expiration __________ / ________

3 Digit Code On Back of Credit

Cardholder Name (please print)

Cardholder Signature __________________________
Date __________
Daytime Phone __________________________