

Commonwealth of Virginia
Department of General Services
Division of Consolidated Laboratory Services
Richmond, Virginia

Tuning Fork Laboratory Application For Certification

<i>For DCLS Use Only</i> Laboratory Identification Number
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Tuning Fork Laboratory Facility Information

Type of Laboratory (check one) Stationary Mobile

Please use a separate form for each facility for which you are requesting certification.

Unique Mobile Laboratory Vehicle Identification

Name of Laboratory _____

Stationary Laboratory
Physical Address _____

City, State, ZIP _____

Mailing Address (*if different*) _____

City, State, ZIP _____

Billing Address (*if different*) _____

City, State, ZIP _____

Web Site (*if applicable*) _____

Owner
Name _____

Telephone _____

Fax _____

Email _____

Primary Contact
Name _____

Telephone _____

Fax _____

Email _____

Travel Directions _____
