

# LABORATORY CERTIFICATION APPLICATION

Complete and return application to:  
 Arizona Department of Agriculture  
 State Agricultural Laboratory  
 1688 W Adams Street  
 Phoenix, AZ 85007  
 Phone (602) 542-4373; FAX (602) 542-6109

Assigned Certification Number
Agency Use Only

**Please print**

<b>LABORATORY NAME</b>					
<b>LABORATORY MANAGER'S NAME</b>	First	M.I.	Last		
<b>MAILING ADDRESS</b>	Street	City	State	Zip	
<b>BUSINESS ADDRESS</b>	Street	City	State	Zip	
<b>LAB PHONE:</b>	<b>LAB FAX:</b>	<b>LAB E-MAIL:</b>			
<b>MGR PHONE:</b>	<b>MGR FAX:</b>	<b>MGR E-MAIL:</b>			

<p><b>Check one box:</b>    <input type="checkbox"/> <b>Initial Application - \$200</b>                      <input type="checkbox"/> <b>Renewal Application - \$100</b></p> <p><input type="checkbox"/> Renewal applicant's current certification number No. _____</p> <p><input type="checkbox"/> Applicant does not have current certification</p> <p style="text-align: center;">Fee authority is prescribed at A.R.S. § 3-146</p>
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<b>Certification is requested for the following:</b>	
<b>Commodity or Sample-type</b>	<b>Activity</b>

<b>OWNER'S NAME</b>	First	M.I.	Last		
<b>STREET ADDRESS</b>	Street	City	State	Zip	
<b>MAILING ADDRESS</b>	Street	City	State	Zip	
<b>PHONE:</b>	<b>E-MAIL:</b>				

I attest, under penalty of perjury, that the information contained in this application is true to the best of my information and belief. [A.R.S. § 13-2702(A)(2)]

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MANAGER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>Agency Use Only</b>	
For the period beginning _____ and ending _____.	
Date Received: _____	Date Completed: _____
Agency Action Taken: <input type="checkbox"/> Approve <input type="checkbox"/> Deny	
Authorized Signature: _____	Date: _____