

# LABORATORY CERTIFICATION APPLICATION

**Complete and return application to:**

Arizona Department of Agriculture  
State Agricultural Laboratory  
145 S 79<sup>th</sup> Street, Suite 4  
Chandler, AZ 85226  
Phone (602) 542-4373

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 Email:</b>	<b>Manager Phone:</b>	<b>Manager Email:</b>

**Check one box:**      ☐ Initial Application - \$200      ☐ Renewal Application - \$100  
☐ Renewal applicant's current certification number: \_\_\_\_\_  
☐ Applicant does not have current certification  
Fee authority is prescribed at A.R.S. § 3-146

**Certification is requested for the following:**

Commodity or Sample-type	Activity

<b>Owner's Name</b>	First	M.I.	Last
<b>Physical Address</b>	Street	City	State Zip
<b>Mailing Address</b>	Street	City	State Zip
Phone:	Email:		

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:** \_\_\_\_\_

**Agency Use Only**

For the period beginning \_\_\_\_\_ and ending \_\_\_\_\_.

Date Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Agency Action Taken:    ☐ Approve      ☐ Deny

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_