State Water Resources Control Board

Environmental Laboratory Accreditation Program (ELAP)

# **CHANGE OF TECHNICAL MANAGER REQUEST FORM**

**PART A - LABORATORY INFORMATION**

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| **Name of Laboratory**: **ELAP Certificate #:** |
| **Laboratory Address** *(physical location):* |
| Street: |
| City: State: Zip: |

**PART B - CURRENT TECHNICAL MANAGER ON FILE**

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| **Name:** |
| **Final Date of Employment as Technical Manager:** |

**PART C - NEW TECHNICAL MANAGER REQUESTED**

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| **Name:** |
| **Start Date of Employment as Technical Manager:** |
| **Email:** |
| **Phone Number:** |

**PART D - TECHNICAL MANAGER QUALIFICATIONS**

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| **Education:**Month/Year (From – To):College/University:Major:Degree:Year Completed: |
| **Relevant Experience**: (Last 5 years)1. Month/Year (From – To):

Name and Address of Employer:Job Title: 1. Month/Year (From – To):

Name and Address of Employer:Job Title: |
| **Briefly describe how the new Technical Manager meets the qualification requirements as listed in 22 CCR § 64812.00**: |
| **Qualifications** *(include copies of applicable degrees and/or Laboratory Analyst/Water Quality Analyst Certificates; international degrees require a certificate of equivalency):*[ ] CCR 64812.00 (a) – Education + Experience[ ]  CCR 64812.00 (b) – CWEA Laboratory Analyst Certification Grade: Expiration Date: [ ]  CCR 64812.00 (b) – CA-NV AWWA Water Quality Analyst Certification Grade: Expiration Date:  |

**PART E - SIGNATURE OF LABORATORY OWNER OR REPRESENTATIVE**

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| Signature: Date: |