



STATE OF FLORIDA DEPARTMENT OF HEALTH
RENEWAL CONFIRMATION OF COMPLIANCE

I, _____ of _____
(Laboratory Director or QA Officer) (Laboratory Name)

understand and confirm that the laboratory is required to be continually in compliance with all the provisions and standards set forth in Florida Administrative Code Chapter 64E-1, Certification of Environmental Testing Laboratories, BY Florida Statutes, and shall be subject to suspension, revocation, and denial of accreditation as specified therein. I also understand and confirm that the laboratory is subject to the enforcement and penalty provisions in sections 403.0625 and 403.863, Florida Statutes, and of any secondary accrediting authorities from whom I have obtained accreditation.

By signing this confirmation, I promise and guarantee that the laboratory shall:

- (1) Claim certification only with respect to the Fields of Accreditation and categories of certification for which it has been granted certification pursuant to Florida Administrative Code Chapter 64E-1;
(2) Not refer to its certification status to imply that a process, product, system, or person is approved by the Florida Department of Health;
(3) Discontinue its use of all advertising materials that contain any reference to a certified status upon suspension, revocation, or withdrawal of its certification;
(4) Use its certification documents only for the premise that is specifically included in its certificate;
(5) Not make any misleading or unauthorized statements regarding its certification in communication media such as the Internet, documents, brochures, and advertising;
(6) Cooperate and provide access to locations, documents, personnel, information, and records as necessary to verify fulfillment of the requirements for certification pursuant to Florida Administrative Code Chapter 64E-1; and
(7) Assist in the investigation and resolution of any certification-related complaint about the laboratory referred to it by the Florida Department of Health.

I further confirm that all certified environmental analyses performed are done in accordance with the provisions and standards in Florida Administrative Code Chapter 64E-1.

I hereby confirm that: I am authorized to sign this application on behalf of the applicant/owner and that there are no misrepresentations in my answers to the questions on this application; the information, statements, facts, and representations given and made are true and correct; and I am aware that any misrepresentations or falsifications constitute grounds for the imposition of penalties as provided by law.

(Signature, QA Officer or other designated responsible individual)

(Printed Name of Quality Assurance Officer)

(Printed Legal Name of Laboratory)

(Date)

(Signature, Technical Director(s))

(Printed Name, Technical Director(s))