Appendix A: Independent Testing Laboratory

Include a curriculum vitae (CV) for all employees listed in this application.

LABORATORY DIRECTOR				
Name	**Title**	**DOB**	**SSN/FEIN**	
Address	**City**	**State**	**Zip**	**Degree(s)**

TECHNICAL SUPERVISOR AND QUALITY ASSURANCE MANAGER				
Name	**Title**	**DOB**	**SSN/FEIN**	
Address	**City**	**State**	**Zip**	**Degree(s)**
Name	**Title**	**DOB**	**SSN/FEIN**	
Address	**City**	**State**	**Zip**	**Degree(s)**

LABORATORY EMPLOYEE(S)				
Name	**Title**	**DOB**	**SSN/FEIN**	
Address	**City**	**State**	**Zip**	**Degree(s)**
Name	**Title**	**DOB**	**SSN/FEIN**	
Address	**City**	**State**	**Zip**	**Degree(s)**

ACCREDITATION	
Has the applicant included a copy of the certificate of accreditation for the laboratory accompanied by the scope of accreditation?	☐ Yes ☐ No
Has the applicant included a copy of the contract with an accreditation body for the Maryland-based laboratory seeking to register to become accredited, accompanied by a copy of the proposed scope of the accreditation, or included evidence that the laboratory has been accredited by the accreditation body in another jurisdiction?	☐ Yes ☐ No