APPLICATION FOR PARTICIPATION IN MAPEP								
LABORATORY INFORMATION CORRESPONDENCE ADDRESS								
End User:								
End Use:								
Title:								
Laboratory Name:								
Address:								
City:	State:	ZIP Code:						
Phone:	E-mail:							
SHIPPING ADDRESS								
ATTN:								
Title:								
Laboratory Name:								
Address:	Address:							
City:	State:		ZIP Code:					
Phone:	E-mail:							
NRC LICENCE INFORMATION								
Is the laboratory authorized to receive a mixed analyte sample? Yes: No:								
If Yes, current NRC or State License Number:								
Or, Exemption Under DOE Contract number:								
REQUEST FOR MAPEP SAMPLES								
Please Check the Desired Sample Type and Matrix to be Analyzed by the Laboratory.								
Soil Sample: Radiological and Inorganic combined Sample (MaS)								
Soil Sample: Semi-volatile organics in soil – US Laboratories Only (OrS)								
Water Sample: Radiological and Inorganic combined Sample (MaW)								
Water Sample: Radiological Sample for I-129 (XaW)								
Water Sample: Semi-volatile Organics – US Laboratories Only (OrW)								
Water Sample: Gross Alpha / Gross Beta (GrW)								
Air Filter Sample: Radiological (RdF)								
Air Filter Sample: Radiological Sr-89/90 (SrF)								
Air Filter Sample: Gross Alpha / Gross Beta (GrF)								
Vegetation Sample: Radiological (RdV)								
Unknown Sample: Special Radiological Matrix (XrM)								
ADDITIONAL ANALYTES OR MATRICES OF INTEREST								
Please list any additional matrices or analytes that would be of interest to your laboratory or program.								
Matrices:		Analytes:						
Comments:								

APPLICATION FOR PARTICIPATION IN MAPEP									
SUPPORT TO DOE PROGRAMS									
What current DOE Field Office(s) and program(s) does your laboratory support under the MAPEP proficiency testing program (e.g., environmental remediation, legacy management and surveillance, on-going site environmental monitoring, a regulatory requirement such as a Consent Order or Tri-Party Agreement, etc.)									
DOE Field Office:		DOE Project:							
DOE POC:									
Address:									
City:	State:		ZIP	Code:					
Phone:	Contact E-	ntact E-mail:							
USER AGREEMENT									
By submitting this MAPEP application and receiving samples, you, the Customer, accepts title and ownership of the MAPEP sample and becomes the generator of any resulting waste or sample residues. Customer further agrees that because products, technical data, and technical assistance provided to Customer by RESL may be subject to U.S. export control laws and regulations, the export or re-export of certain products, technical data, and services may be prohibited or restricted. Customer acknowledges that they are responsible for their own compliance with U.S. export control laws and regulations, and assumes all liability for the failure to do so.									
ADDITIONAL COMMENTS OR REQUESTS									
ACKNOWLEDGEMENT									
I authorize the verification of the information provided on this form.									
Signature of applicant:				Date:					

Attach this application to an email and send to  $\underline{\text{MAPEP@ID.DOE.GOV}}$ 

Questions may also be sent to the same email address.