



## APPENDIX D

### Drinking Water Laboratory Certification Program Acknowledgment Form

#### Receipt and Acknowledgement of Understanding

*(Must be signed by Laboratory Director or QA Officer/Manager and returned for certification to be issued.)*

*I have received a copy of the Drinking Water Laboratory Certification Program Guidance Manual, Revision#4.0. By signing below, I am acknowledging that I am familiar with, and will implement the procedures and requirements as documented in the referenced DWLCP Guidance Manual, as well as all requirements included in the Appendices. I also understand that failure to meet these requirements may lead to a downgrade of certification status or revocation of my certification with the State of New Mexico Drinking Water Bureau.*

**Laboratory Name:** \_\_\_\_\_

**Job title:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please sign and return to:**

DWLCP Certification Authority

Drinking Water Bureau

[NMENV-DWBlabcert@state.nm.us](mailto:NMENV-DWBlabcert@state.nm.us)