

CUSTOMER PROFILE FORM

OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY
STATE ENVIRONMENTAL LABORATORY SERVICES



Please fill the form out completely. Use N/A (Not Applicable) for those pieces of information that do not apply.

PART 1.

Have you or someone in your household/company filled out or provided this information to the SELS previously? YES NO

If yes, list company/person(s) who this account can be associated with: _____

Please fill out the form again if any information has changed.

PART 2.

Business Company Name: _____

Private Customer Check one box to the left that represents your customer type account

Point of Contact: _____

Designate who will be a contact for questions for this account. If name is same as above, write "Same"

Mailing Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

Email Address: _____

PART 3.

Preferred Method of Laboratory Result Reporting: Email Mail

Email or address provided above will be used. If another address needs to be used (e.g. billing purposes), note below in additional information

Additional Information: _____

LABORATORY USE ONLY



Account ID: _____

Date Received: ____ / ____ / ____

Circle One: New / Update

Received By (Initials): _____

707 North Robinson Ave, Oklahoma City, OK 73102