

Florida Department of Law Enforcement

Alcohol Testing Program

APPLICATION FOR PERMIT TO CONDUCT BLOOD ALCOHOL ANALYSES

Last Four Digits of Social Security Number _____

Full Name (Mr. Mrs. Ms. Dr.) _____
First Middle Last

Employed by _____
Employer Section/Division (if any)

Laboratory Mailing Address _____
Street & Number or P.O. Box City State Zip Code

Laboratory Street Address _____
Street & Number City State Zip Code

Lab Phone # _____ Fax Phone # _____
Area Code Number Area Code Number

One Agency for which blood alcohol analyses are performed: _____
Agency Name

Agency Address _____
Street & Number City State Zip Code

Agency Telephone # _____
Area Code Number

Basis for granting a permit ___ Clinical Lab License ___ Physician's License ___ Analytical Chemist

Method used for blood alcohol analyses: ___ Gas Chromatography

Attach the following to the application:

1. A copy of your current clinical laboratory license; or
2. A copy of your current physician's license; or
3. A copy of a letter sent to the educational institution you attended requesting a copy of your transcript be forwarded to the Alcohol Testing Program; and
4. A complete description of the analytical procedures used to determine blood alcohol content.

Note: Notify the Alcohol Testing Program within 30 days of a change in laboratory facility address.

Signature of Applicant
(Knowingly making a false statement is a misdemeanor pursuant to s. 837.06, F.S.)

Date