

LABORATORY APPLICATION FOR APPROVAL TO PERFORM ALCOHOL TESTS

- Completion of this form is required for a laboratory to request initial approval or approval renewal to perform blood and/or urine tests for compliance with Chapter 343.305(6)(a), Wis. Stats., relating to alcohol tests for motor vehicle drivers. Failure to provide complete information will result in a delay of permit approval.
- Personal information collected on this form will be used for the approval process only.
- Collection of the applicant's Federal Employer Identification Number is required by Chapters 343.305(6)(e) and 73.0301, Wis. Stats. Failure to supply the number may result in denial of the application. The number will be disclosed only to the Department of Revenue for use in collection of tax delinquencies and to the Department of Workforce Development for use in administration of child and spousal support programs.

• RETURN THIS APPLICATION TO: **Supervisor, Clinical Laboratory Unit
 Division of Quality Assurance
 P.O. Box 2969
 Madison, WI 53701-2969**

Check one: Initial Approval Approval Renewal

Name - Laboratory		Federal Employer Identification Number	
Address		City	State
			Zip

Type Of Approval Requested		For Period Ending	
<input type="checkbox"/> URINE	<input type="checkbox"/> BLOOD	December 31,	(Enter year.)

As director, I certify that the laboratory will comply with the requirements for approval listed below, and understand that approval may be revoked for unsatisfactory compliance with the requirements.

Requirements for Approval

1. The use of a testing method(s) approved by the State Laboratory of Hygiene.
2. Only persons holding a currently valid permit, issued by the Wisconsin Department of Health Services, will perform the test.
3. Successful participation in the Wisconsin State Laboratory of Hygiene Legal Alcohol Proficiency Testing Program.

SIGNATURE – Director 	Date Signed
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Name - Director *(Print clearly or type.)*

Degrees

Board Certification