

ANALYST APPLICATION TO PERFORM ALCOHOL TESTS

- Complete this form to request a permit to perform blood and/or urine alcohol tests per Chapter 343.305(6)(a), Wis. Stats.
- The permit is valid for one year beginning January 1 and ending December 31 and is subject to suspension or revocation if proficiency monitoring reveals an unsatisfactory quality of testing performance.
- Personal information collected on this form will be used for permit approval purposes only.
- Failure to provide complete information will result in a delay of permit approval.
- Collection of the applicant's social security number is required by Chapter 343.305(6)(e) and 73.0301, Wis. Stats. Failure to supply the number may result in the 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**

MINIMUM REQUIREMENTS FOR PERMIT

1. A bachelor's degree in chemistry, or related scientific discipline, and two years of pertinent chemical laboratory experience.
2. In lieu of requirements in item 1, four years of college education, or four years of clinical or chemistry laboratory experience, or equivalent combinations of education and experience.

Name - Applicant (<i>Print clearly or type.</i>)			Social Security Number	
Address		City	State	Zip Code
College or University		City	State	
Degree	Year Conferred	Major		
Chemistry Credits		Registration By		
Semester	Quarter	Organization	Year	Number

Pertinent Testing Experience (*Specify and / or attach current resume.*)

Employer(s) (<i>Include Current Employer.</i>)		
Name	Address	Dates Employed

SIGNATURE – Applicant	Title (if any)	Date Signed
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