

LABORATORY APPLICATION TO PERFORM ALCOHOL, CONTROLLED SUBSTANCE, AND CONTROLLED SUBSTANCE ANALOG TESTING

- Completion of this form is required for a laboratory to request initial or renewal permit approvals to perform blood and/or urine testing for compliance with Wis. Stat. § 343.305(6)(a) relating to alcohol, controlled substance, and controlled substance analog testing for motor vehicle drivers.
- The permit is valid for one year beginning January 1 and ending December 31 and is subject to suspension or revocation.
- Personal information collected on this form will be used for permit approval purposes only.
- Failure to provide complete information may result in a delay of permit approval.
- Collection of the applicant's Federal Employer Identification Number (FEIN) is required by Wis. Stat. § 343.305(6)(e) and Wis. Stat. § 73.0301. Failure to supply the number may result in the denial of the application. The number will be disclosed to the Department of Revenue (DOR) for use in collection of tax delinquencies, to the Department of Family Services (DFS) for use in administration of child and spousal support programs, and to the Department of Workforce Development (DWD) for use in the collection of delinquent unemployment insurance contributions.

RETURN THIS APPLICATION TO: **DHS / Division of Quality Assurance
Licensing, Certification, CLIA Section
P.O. Box 2969
Madison, WI 53701-2969**

or DHSDQACLIA@dhs.wisconsin.gov

Check one: **Initial Application** **Renewal Application**

Name – Laboratory		FEIN	
Address	City	State	Zip Code
Type of Approval Request			
<input type="checkbox"/> Alcohol – <input type="checkbox"/> Urine <input type="checkbox"/> Blood			
<input type="checkbox"/> Controlled Substance – <input type="checkbox"/> Urine <input type="checkbox"/> Blood			
<input type="checkbox"/> Controlled Substance Analog – <input type="checkbox"/> Urine <input type="checkbox"/> Blood			

As the director, I attest 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.

1. **Use testing method(s) approved by the Wisconsin State Laboratory of Hygiene.**
2. **Hold a current permit, issued by the Wisconsin Department of Health Services (DHS), to perform testing.**
3. **Adhere to DHS monitoring program requirements for the laboratory and analysts.**

Name and Title *(as what will appear on permit)* – Director

SIGNATURE – Director ➤	Date Signed
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FOR OFFICE USE ONLY		
Permit No.	For period ending December 31, _____ <i>(Enter year.)</i>	Approval <input type="checkbox"/> DOR <input type="checkbox"/> DFS <input type="checkbox"/> DWD