

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

- Completion of this form is required for an analyst 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 Social Security Number (SSN) is required by Wis. Stat. §§ 343.305(6)(e) and 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** or DHSDQACLIA@dhs.wisconsin.gov
BHS / LCCS / CLIA Section
P.O. Box 2969
Madison, WI 53701-2969

Check one: Initial Application Renewal Application

Name and Title – Analyst (*Print clearly or type.*)

SSN

Address

City

State

Zip Code

Name – Laboratory

Address

City

State

Zip Code

Type of Approval Request

Alcohol – Urine Blood

Controlled Substance – Urine Blood

Controlled Substance Analog – Urine Blood

SIGNATURE – Analyst

Date Signed

As the director, I attest that the analyst 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 – Director

Title – Director

SIGNATURE – Director

Date Signed

FOR DQA OFFICE USE ONLY

Permit No.

For period ending December 31, _____ (*Enter year.*)

Approval

DOR DFS DWD