



MISSOURI DEPARTMENT OF HEALTH  
STATE PUBLIC HEALTH LABORATORY  
**APPLICATION FOR TYPE I PERMIT**

NAME	AGE	TELEPHONE NUMBER
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ORGANIZATION

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)

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DIRECTOR'S NAME	TELEPHONE
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<input type="checkbox"/> NEW PERMIT	<input type="checkbox"/> RENEWAL	PERMIT NUMBER	EXPIRATION DATE
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ALCOHOL ANALYSIS:  BLOOD  SALIVA  URINE

DRUG ANALYSIS  BLOOD  URINE

EDUCATION						
COLLEGE OR UNIVERSITY	YEARS ATTENDED	HOURS QTRS/SEM.	MAJOR	MINOR	DEGREE	GRADUATED

OTHER RELEVANT TRAINING		
COURSE OR PROGRAM TITLE	AGENCY OR INSTITUTION	DATES

ANALYTICAL EXPERIENCE	
ORGANIZATION	DATES EMPLOYED

**FOR DRUG TESTING ONLY**, Provide name of proficiency testing program(s) your facility subscribes to: \_\_\_\_\_

METHODS USED FOR ANALYSIS	
<b>ALCOHOL</b> <input type="checkbox"/> Gas or liquid chromatography <input type="checkbox"/> Spectrophotometric or colorimetric analysis <input type="checkbox"/> Titration (dichromate reduction)	<b>DRUGS</b> <input type="checkbox"/> Enzymeimmunoassay (EIA) <input type="checkbox"/> Fluorescence Immunoassay (FIA) <input type="checkbox"/> Radioimmunoassay (RIA) <input type="checkbox"/> Gas-Liquid Chromatography (GLC) <input type="checkbox"/> Thin Layer Chromatography (TLC) <input type="checkbox"/> High-Pressure Liquid Chromatography (HPLC) <input type="checkbox"/> Ultra-Violet Spectrophotometry (UV) <input type="checkbox"/> Gas Chromatography/Mass Spectrometry (GC/MS)