



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM



**PERMIT
 TYPE 1**

is hereby authorized to determine the content of _____
(TYPE IN "ALCOHOL" OR "DRUGS" OR BOTH)

from a sample of _____ utilizing approved standard chemical methods.
(TYPE IN "BLOOD," "SALIVA" OR "URINE")

Permit issued under the provisions of sections 577.001 through 577.041, RSMo.

DATE _____

 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER _____

EXPIRES _____

 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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