



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
 BREATH ALCOHOL PROGRAM
APPLICATION FOR TYPE I PERMIT



THIS APPLICATION IS FOR <input type="checkbox"/> NEW PERMIT <input type="checkbox"/> RENEWAL	CURRENT PERMIT NUMBER AND EXPIRATION DATE
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PRINT FULL NAME	AGE	TELEPHONE NUMBER ()
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SOCIAL SECURITY NUMBER	A disclosure concerning your SSN number is available at: http://www.health.mo.gov/lab/breathalcohol/
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ORGANIZATION	EMAIL ADDRESS
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BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)
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DIRECTOR'S NAME	TELEPHONE NUMBER ()
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ALCOHOL ANALYSIS:	<input type="checkbox"/> BLOOD	<input type="checkbox"/> URINE	<input type="checkbox"/> SALIVA
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DRUG ANALYSIS:	<input type="checkbox"/> BLOOD	<input type="checkbox"/> URINE	<input type="checkbox"/> SALIVA
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FOR DRUG TESTING ONLY

PROVIDE NAME OF PROFICIENCY TESTING PROGRAM(S) YOUR FACILITY SUBSCRIBES TO
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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

RESULTS OF SAMPLES FOR ANALYSIS:

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METHODS OF ANALYSIS USED

DRUGS <input type="checkbox"/> Enzyme Immunoassay (EIA) <input type="checkbox"/> Radioimmunoassay (RIA) <input type="checkbox"/> Thin Layer Chromatography (TLC) <input type="checkbox"/> High-Performance Liquid Chromatography (HPLC) <input type="checkbox"/> Liquid Chromatography/Mass Spectrometry (LC/MS) <input type="checkbox"/> Cloned Enzyme Donor Immunoassay (CEDIA) <input type="checkbox"/> Ultra-Violet/Visible Spectrophotometry (UV/Vis)	<input type="checkbox"/> Gas Chromatography/Mass Spectrometry (GC/MS) <input type="checkbox"/> Fluorescence Polarization Immunoassay (FPIA) <input type="checkbox"/> Gas Chromatography (GC) <input type="checkbox"/> Enzyme-Linked Immunosorbent Assay (ELISA) <input type="checkbox"/> Other _____	ALCOHOL <input type="checkbox"/> Gas or Liquid Chromatography <input type="checkbox"/> Other _____
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SIGNATURE OF APPLICANT ▶	DATE
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RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services,
 1903 Northwood Drive, Suite #4, Poplar Bluff, MO 63901