

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: **Northeast Regional Office – Green Bay**

Green Bay State Office Building

DHS/DQA/LCCS-CLIA

200 N. Jefferson St, Suite 501

Green Bay, WI 54301

or DHSDQACLIA@dhs.wisconsin.gov

Check one: ☐ **Initial application** ☐ **Renewal application**

Name and title – Analyst: _____ Social Security number: _____

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 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 – Director: _____ Title – Director: _____

Signature – Director: _____ Date signed: _____

For DQA office use only

Permit number: _____ For period ending December 31, _____ (enter year.)

Approval: ☐ DOR ☐ DFS ☐ DWD