



Florida Department of
Law Enforcement

Application for Permit To Conduct Blood Alcohol Analysis

Last 4 Digits of You

Social Security Number: _____ Name: _____
(Last) (First) (MI)

Employed by: _____
(Employer) (Section/ Division)

Laboratory Mailing Address: _____
(Street) (City) (State) (Zip Code)

Laboratory Street Address: _____
(Street) (City) (State) (Zip Code)

Email Address: _____ Lab Phone Number: _____

One Agency for which blood alcohol analysis performed: _____
(Agency Name)

Title of Department Approved Analytical Procedure to be used: _____

Method Used for blood alcohol analysis _____ Gas Chromatography

<input type="checkbox"/> INITIAL BLOOD ALCOHOL PERMIT
Submit the following with the application:
<input type="checkbox"/> A copy of Clinical Lab License, Physicians License, or transcript
<input type="checkbox"/> A complete description of the analytical procedures used to determine blood alcohol content.
<input type="checkbox"/> A copy of training report demonstrating completion of a Blood Alcohol Training Program which includes:
1. Overview of the Chemistry of Alcohol and other relevant volatiles
2. Gas Chromatography Theory
3. Gas Chromatography for use in blood alcohol testing
4. Performance of blood alcohol analysis using Department approved procedure(s)
5. Quantitation, quality control, and reliability of alcohol analysis.
6. Completion of practical competency test consisting of 10 unknown samples using Department approved procedure(s).

I certify that I meet the Chapter 11D-8, F.A.C., requirements for the permit noted above, and that the information provided is true and correct.

Signature of Applicant Date

FLORIDA DEPARTMENT OF LAW ENFORCEMENT USE ONLY	
APPLICATION REVIEW A mark (X or √) indicates that the document was present and properly completed.	
Blood Alcohol Analyst Application Checklist ____ Blood alcohol permit application ____ Copy of analytical procedure ____ Copy of Clinical Lab License, Physicians License, or Transcript ____ Proof of training and competency completion	
APPLICATION DISPOSITION	
<input type="checkbox"/> Application Approved: _____	Comments: _____
<input type="checkbox"/> Application Denied: _____	
_____ Signature of Alcohol Testing Program Staff Member	_____ Date

Note: Notify the Alcohol Testing Program within 30 days of a change in laboratory facility address.