State of California
Health and Human Services Agency

PAGE A

CA Department of Public Health
Food and Drug Laboratory Branch
850 Marina Bay Parkway, G365
Richmond, CA 94804-6403

FORENSIC ALCOHOL LABORATORY APPLICATION

Instructions:

a) Type or print in ink. Attach additional pages if necessary.
b) For regulations relating to this application, refer to the *California Code of Regulations, Title 17, Sections 1215-1222.2.*
c) This application must include:
   (1) One completed Page B qualifications form (CDPH 8672, FDL 101 B) for each person employed in forensic alcohol analysis;
   (2) A complete, detailed written description, including calibration and quality control procedures and a demonstration of accuracy and precision of each proposed method of forensic alcohol analysis used;
   (3) One completed Page C form (CDPH 8673, FDL 101 C).
d) Send in completed application to: **California Department of Public Health**
850 Marina Bay Parkway, G365
Richmond, CA 94804-6403
Attn: Food and Drug Laboratory Branch

1. Name of laboratory:

Street	City	Zip	Tel. No. ( )
Mailing Address (if different from above)	City	Zip	Tel. No. ( )

2. Type of ownership:
   ☐ Individual ☐ Partnership
   ☐ Corporation ☐ Government Agency ☐ Other (Association, Company, etc.)
   Full name of owner, one partner or administrator:

3. Exact name of corporation, government agency, or association owning laboratory:

4. Full name of person responsible for forensic alcohol analysis:

5. For each person who will be employed in forensic alcohol analysis, submit a completed Page B qualification form. List below the name and class of each person: FAS for Forensic Alcohol Supervisor, FAA for Forensic Alcohol Analyst, and FAAT for Forensic Alcohol Analyst Trainee.

NAME	CLASS	NAME	CLASS

I declare under penalty of perjury that all statements on this application, including all attachments are true and correct; that I have read and understand the above listed sections of the California Code of Regulations *and that laboratory subject to these regulations will be operated accordance with the provisions of the aforementioned rules and regulations. I also certify that my connection with the above laboratory is bona fide, as shown, and that no subterfuge or mental reservation exists in connection with this application.*

6. CERTIFICATION BY PERSON NAMED IN ITEM 2:

Signature Date

7. CERTIFICATION BY PERSON NAMED IN ITEM 2 :

Signature Date

8. Be sure that all the required elements are submitted. Check the items below to demonstrate that you have reviewed and found them to be included.
9.
☐ Page A is completed and signed.
☐ One completed Page B qualifications form for each of the persons named in Item 5.
☐ There is at least one forensic alcohol supervisor .
☐ One completed Page C form.
☐ There is a complete, detailed written description for each forensic alcohol analysis method and/or breath alcohol analysis procedure.