



TEXAS DEPARTMENT OF PUBLIC SAFETY
CRIME LABORATORY

Laboratory Accreditation Application (Required by 37 TAC,
Chapter 28)

LAB-05 Rev.03 (02/2015) p.1 Issued by: QAC

New Application Provisional Application Reapplication Revision

Organization Name _____

Laboratory Name _____

Government (Federal State County City Regional) Private

Street Address _____

City _____ State _____ Country _____ Zip Code _____

Laboratory Director

Name _____ Title _____

Telephone _____ Fax _____ E-mail _____

Point of Contact (if other than Laboratory Director)

Name _____ Title _____

Telephone _____ Fax _____ E-mail _____

Source of Recognized Accreditation:

ASCLD/LAB ABFT ANAB (formerly FQS) CAP SAMHSA A2LA

Specific Disciplines for which DPS Accreditation is sought:

Disciplines Required by Statute to be Accredited:

<input type="checkbox"/> Controlled Substances	<input type="checkbox"/> Toxicology	<input type="checkbox"/> Biology
<input type="checkbox"/> Firearm/Toolmark	<input type="checkbox"/> Questioned Documents	<input type="checkbox"/> Trace Evidence
Other (please list) _____		

Specific Limitations, including Subdiscipline(s) and/or Test(s) (please list or state "None"):

Authorization to Release Information

The recognized accrediting body has permission to release a copy of any information in its files regarding the accreditation of the laboratory to the Texas Department of Public Safety Crime Laboratory. This authorization will remain in effect until the recognized accrediting body is notified in writing to rescind such permission by the Texas Department of Public Safety Crime Laboratory and the Laboratory Director of this laboratory.

Laboratory
Director _____

Print Name

Signature

Date Signed

Attach the following: each accreditation certificate, notification letter, and other relevant document.

