

For Office Use Only
Registration Number: FL-
Date Received:
Application Approved:
Date Registration Mailed:

**State of Maryland Department of Health  
Office of Health Care Quality  
Forensic Laboratories Program  
Forensic Laboratory Letter of Permit Exception Application**

<b>A. General Information</b>
<input type="checkbox"/> Initial Application <input type="checkbox"/> Survey <input type="checkbox"/> Change in Certification Type <input type="checkbox"/> Other Changes (specify):
Maryland Forensic Identification Number (If an initial application leave blank, a number will be assigned):
Facility Name:
Federal Tax Identification Number:
Business Email:
Business Phone:
Business Fax:
Facility Street Address (Physical location of laboratory (Building, Floor, Suite if applicable)):
Facility City, State, Zip Code:
Mailing/Billing Address (if different than Facility Address):
Mailing/Billing Address: City, State, Zip Code:
Name of Director (Last, First Middle Initial):
Name of QA Manager (Last, First Middle Initial):
<b>B. Type of License Requested (Check only one)</b>
<input type="checkbox"/> Letter of Permit Exception (Complete Sections A and B and E through J)
<input type="checkbox"/> Waiver (Complete Sections A and B and E through K)
<input type="checkbox"/> License for Forensic Laboratory Non-Accredited (Complete Sections A-K)
<input type="checkbox"/> License for Forensic Laboratory Accredited (Complete Sections A-K) and indicate which of the following organization(s) your laboratory is accredited by, or for which you have applied for accreditation: <input type="checkbox"/> A2LA <input type="checkbox"/> ABFT <input type="checkbox"/> ANAB <input type="checkbox"/> ISO Other (please specify):
<b>Important:</b> If you are applying for a license as an accredited laboratory, you must provide evidence of accreditation for your laboratory by an approved accreditation organization as listed above, including the accreditation certification, documented accrediting assessments, and

corrective actions taken for nonconformance with established requirements.

**C. Type of Forensic Disciplines and Sub-disciplines Performed at the Laboratory that ARE ACCREDITED by Accreditation Organization (Check all that apply)**

- Controlled Substances
  - Controlled Substances, pharmaceutical and illicit drugs (blood and breath are excluded)
  - Controlled Substances, other (includes related chemicals/paraphernalia, botanical material) Please Specify:
- Toxicology
  - Toxicology, Forensic
  - Toxicology, Post Mortem
  - Toxicology, other (would include poisons, drug analysis on specimens other than blood/breath) Please Specify:
- Biology
  - DNA Analysis
  - Serology
- Trace Evidence
  - Adhesives
  - Analysis of Unknowns
  - Explosives/Explosion Debris/Fuels
  - Fibers/Hairs/Textiles
  - Fire Debris
  - Glass
  - Gunshot Residue
  - Metal/Alloys
  - Paint
  - Physical Comparisons
  - Polymers
  - Trace Evidence: (Other – Please Specify):
- Firearms, Toolmarks, Impressions
  - Firearms
  - Toolmarks
  - Impressions (includes tires/footwear)
  - Firearms operability
- Latent Prints
  - Latent Print Processing
  - Latent Print Comparison
  - Latent Print ID

- Questioned Documents
  - Handwriting
  - Paper
  - Questioned Documents, other (would include marks, stamps, inks, printing materials, copier, printers, typewritten materials, embossing, etc.): Please specify:
- Forensic Pathology
- Forensic Entomology
- Forensic Odontology

**D. Type of Forensic Disciplines and Sub-Disciplines Performed at the Laboratory that are NOT ACCREDITED by Accreditation Organization**  
*(Check all that apply)*

- Controlled Substances
  - Controlled Substances, pharmaceutical and illicit drugs (blood and breath are excluded)
  - Controlled Substances, other (includes related chemicals/paraphernalia, botanical material) Please Specify:
- Toxicology
  - Toxicology, Forensic
  - Toxicology, Post Mortem
  - Toxicology, other (would include poisons, drug analysis on specimens other than blood/breath) Please Specify:
- Biology
  - DNA Analysis
  - Serology
- Trace Evidence
  - Adhesives
  - Analysis of Unknowns
  - Explosives/Explosion Debris/Fuels
  - Fibers/Hairs/Textiles
  - Fire Debris
  - Glass
  - Gunshot Residue
  - Metal/Alloys
  - Paint
  - Physical Comparisons
  - Polymers
  - Trace Evidence: (Other – Please Specify):

- Firearms, Toolmarks, Impressions
  - Firearms
  - Toolmarks
  - Impressions (includes tires/footwear)
  - Firearms operability
- Latent Prints
  - Latent Print Processing
  - Latent Print Comparison
  - Latent Print ID
- Questioned Documents
  - Handwriting
  - Paper
  - Questioned Documents, other (would include marks, stamps, inks, printing materials, copier, printers, typewritten materials, embossing, etc.): Please specify:
- Forensic Pathology
- Forensic Entomology
- Forensic Odontology

**D. Hours of Laboratory Testing:** *(List times during which laboratory testing is performed in HH:MM format)*

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

**E. Letter of Permit Exception**

- Check if no letter of permit exception is needed

Identify the discipline or sub-discipline in which the forensic analysis is performed. Be as specific as possible. This includes each analyte test system or devices/instruments used for the analysis.

Indicate any accreditation or certification that pertains to the forensic analysis to be performed (Including Board Certifications or Other Licensures).

Indicate years of experience that pertains to the forensic analysis to be performed. Be as specific as possible.

Indicate the estimated **total annual test** volume for all forensic analyses performed.

<b>F. Waived Analysis</b>
<input type="checkbox"/> Check if no waived analyses are performed
Identify the waived analysis performed. Be as specific as possible. This includes each analyte test system or devices/instruments used for the analysis.
Indicate the estimated <b>total annual test</b> volume for all waived analyses performed:
Note that if a waived analysis is requested, a separate application form needs to be completed by the laboratory performing the waived analysis.
<b>G. Personnel</b>
Indicate the number of individuals employed within the laboratory:
Indicate the number of individuals who are subject to proficiency testing in each discipline (Includes technical support personnel and trainees):
Drug Chemistry:
Pathology:
Trace Evidence:
Toxicology:
Biology:
Firearms/Toolmarks:
Odontology:
Entomology:
Questioned Documents:
Latent Prints:
Indicate the number of individuals who are not subject to proficiency testing (Managers, Clerical, etc.):
IMPORTANT: Please have all personnel who direct, supervise, and perform forensic analyses complete the supplemental Statement of Qualifications Form included with this application. These forms must be submitted with the license application, otherwise the application will be considered incomplete. (Extra copies of the form can be made for submission).
<b>H. Director Affiliation with Other Laboratories</b>
If the director of this laboratory serves as a director for additional laboratories that are separately licensed, please complete the following:
MD Forensic Lab 1 License Number:
Name of Laboratory 1:

MD Forensic Lab 2 License Number:
Name of Laboratory 2:
MD Forensic Lab 3 License Number:
Name of Laboratory 3:
<b>I. For Profit/Commercial Laboratories</b>
Name of CEO/President/Head of Board (Last, First, Middle Initial):
Name of Vice President (Last, First, Middle Initial):
Name of CFO/Financial Manager (Last, First, Middle Initial):
Name of Other Board Members/Management Staff (Last, First, Middle Initial):
<b>J. Attestation</b>
<b>ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING APPLICATION.</b>
I/We certify that I am/We are 18 years of age or older and of reputable and responsible character do hereby apply for a license to maintain and operate a forensic facility subject to the provisions of Health-General Article, Title 10, Subtitle 51. Annotated Code of Maryland, and to the regulations adopted thereunder by the Secretary of Health.
Signature of Owner/Director of Laboratory (Sign in ink):
Date:
Signature of Co-Owner/QA Manager of Laboratory (Sign in ink):
Date: