

	Maryland Department of Health Office of Health Care Quality Forensic Laboratories Program 7120 Samuel Morse Drive Columbia MD 21046 Phone: (410) 402-8242 Fax: (410) 402-8213	Office Use Only
		Registration Number: FL-
		Date Received:
		Application Approved:
		Date Registration Mailed:

Forensic Laboratory Application for Licensure

I. General Information

_Initial Application _Survey _Change in Certification Type _Other Changes (specify) _____			MARYLAND FORENSIC IDENTIFICATION NUMBER <hr/> (If an initial application leave blank, a number will be assigned)		
FACILITY NAME			FEDERAL TAX IDENTIFICATION NUMBER		
EMAIL ADDRESS			TELEPHONE NO.	FAX NO.	
FACILITY ADDRESS-Physical location of laboratory (Building, Floor, Suite if applicable)			MAILING/BILLING ADDRESS (If different from street address)		
NUMBER, STREET (No P.O. Boxes)			NUMBER, STREET		
CITY	STATE	ZIP	CITY	STATE	ZIP
NAME OF DIRECTOR (Last, First Middle Initial)					
NAME OF QA MANAGER (Last, First Middle Initial)					

II. Type of License Requested *(Check only one)*

Letter of Permit Exception (Complete Sections I-II and V-X)

Waiver (Complete Sections I-II and V-XI)

License for Forensic Laboratory Non-Accredited (Complete Sections I-XI)

License for Forensic Laboratory Accredited (Complete Sections I-XI) and indicate which of the following organization(s) your laboratory is accredited by, or for which you have applied for accreditation:

A2LA

ABFT

ANAB

ISO

Other (Please Specify) _____

IMPORTANT:

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.

III. 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

Firearms, Toolmarks, Impressions

Firearms

Polymers

Trace Evidence (Other-Please Specify) _____

- 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

IV. Type of Forensic Disciplines and Sub-Disciplines Performed at the Laboratory that are NOT ACCREDITED by an 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

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

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

VI. 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 _____

VII. Waived Analysis

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 **total annual test** 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.

VIII. Personnel

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)

IX. Director Affiliation with Other Laboratories

If the director of this laboratory serves as a director for additional laboratories that are separately licensed, please complete the following:

MD Forensic Lab License Number	Name of Laboratory

XI. For Profit/Commercial Laboratories

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)*

ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING APPLICATION

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: