



**TEXAS FORENSIC
SCIENCE COMMISSION**
Justice Through Science

*1700 North Congress Ave., Suite 445
Austin, Texas 78701*

**TEXAS FORENSIC SCIENCE COMMISSION
LABORATORY ACCREDITATION APPLICATION**

Please complete this form and return to:

Texas Forensic Science Commission: 1700 North Congress Avenue • Suite 445 • Austin, Texas 78701

Email: info@fsc.texas.gov

[P] 1.888.296.4232

[F] 1.888.305.2432

New Application

Provisional Application

Reapplication

Revision

Organization Name

Laboratory Name:

Government (Federal State County City Regional) Private

Street Address:

City: State: County: Zip Code:

Telephone: Fax: E-mail:

Website:

Laboratory Director

Name: Title:

Telephone: Fax: E-mail:

Laboratory Quality Director

Name: Title:

Telephone: Fax: E-mail:

Point of Contact *(if different from either of above)*

Name: Title:

Telephone: Fax: Email:

National Accrediting Body

ABFT ANAB A2LA

Specific Disciplines for Which the Texas Forensic Science Commission Accreditation is Sought

Disciplines Required by Statute to be Accredited

Seized Drugs Toxicology Forensic Biology
Firearms/Toolmarks Materials (Trace)

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 Forensic Science Commission. This authorization will remain in effect until the recognized accrediting body is notified in writing to rescind such permission by the laboratory.

Laboratory Director:

Print Name:

Signature:

Date Signed:

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