TEXAS FORENSIC
SCIENCE COMMISSION
Justice Through Science
1700 North Congress Ave., Suite 445
Austin, Texas 78701

TEMPORARY FORENSIC ANALYST LICENSE APPLICATION CERTIFICATION FORM

The Commission may issue a temporary Forensic Analyst License to an individual who performs forensic analysis primarily for non-Texas cases. A temporary forensic analyst license covers one criminal action for a three-year period. If the criminal action for which the temporary forensic analyst license was originally granted has not yet been resolved upon the expiration of three years from the date the license was granted, the temporary licensee may apply to the Commission to extend the license for a supplemental one-year term or terms using this same form and by checking the box below. An applicant for a temporary forensic analyst license is not required to apply for more than one temporary license for the forensic analysis performed in criminal actions for which multiple defendants may be charged with a criminal offense or offenses related to the same event. An applicant for a temporary forensic analyst license must submit to the Commission a signed copy of this form in ALiS. No fee is required.

Please check this box if you are applying for a one-year extension to a temporary forensic analyst license already granted by the Commission.

Description of the circumstances of the criminal action for which the temporary forensic analyst license is being requested. Please describe in the box below the circumstances of the criminal action for which you are seeking a temporary forensic analyst license below (including the court's cause number if available, laboratory case number, the location/jurisdiction of the criminal action, etc. and any other information helpful identifying the criminal action, attach additional pages if necessary).

Affidavit of Good Standing (to be signed by laboratory director or quality manager).

I certify that _____ is approved to perform independent forensic casework in the discipline described above and is currently in good standing with this laboratory and with accrediting body requirements.

_____
Accredited Laboratory Name

_____ _____
Laboratory Representative Printed Name Laboratory Representative Title

_____ _____
Laboratory Representative Signature Date

Applicant/Licensee Certification. To be signed by the applicant/licensee.

I certify the information on this form is true and correct. I certify that I am employed by a crime laboratory accredited by a national accrediting body recognized by the Commission. *See* Tex. Admin. Code §651.4 for a list of recognized accrediting bodies. I certify that I am compliant with applicable proficiency monitoring requirements in accordance with my employing laboratory's accreditation requirements.

_____
Applicant Printed Name

_____ _____
Applicant Signature Date