TEXAS FORENSIC
SCIENCE COMMISSION

1701 North Congress Ave., Suite 6-107
Austin, Texas 78701

PROVISIONAL FORENSIC ANALYST OR TECHNICIAN CERTIFICATION FORM

The Commission may issue a provisional Forensic Analyst or Forensic Technician License if the applicant meets the following qualifications:

(1) applicant is currently employed in an accredited laboratory for which the licensing requirements apply; and

(2) applicant cannot meet one or more of the forensic analyst license requirements at the time of application but plans to meet all the requirements within the one-year provisional license period and meets all other requirements described in §651.207 of the Texas Administrative Code.

A provisional Forensic Analyst or Technician License is granted for a period of one year from the date of issuance and may not be renewed. A provisionally licensed forensic analyst or technician may technically review or perform forensic analysis or draw conclusions from or interpret a forensic analysis for a court or crime laboratory to the extent a fully licensed forensic analyst or technician may perform these duties. Provisionally licensed forensic analysts and/or technicians are subject to the forensic analyst licensing requirements in effect on the date the analyst or technician is granted the provisional license.

An applicant for a provisional license must pay the required fee and upload this form to their Forensic Analyst or Technician License Application in ALiS in the upload form box provided in the application.

CERTIFICATION STATEMENT

I certify that I am currently employed in an accredited laboratory for which the licensing requirements apply or I was previously employed in an accredited laboratory for which the licensing requirements did not apply and I was approved for independent casework by the laboratory and I cannot meet one or more of the forensic analyst licensing requirements set forth in this subchapter at the time of this application but plan to meet all of the requirements within the one-year provisional license period.

Laboratory Name:

Laboratory Director:

Laboratory Accrediting Body:

_____

Applicant Printed Name

_____ _____

Applicant Signature Date