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| **Contact Us**  Forensic Toxicology Section  Forensic Science Branch  PO Box 39764  WINNELLIE NT 0821 | | Telephone: (08) 8922 1323  [Forensic.Toxicology@pfes.nt.gov.au](mailto:Forensic.Toxicology@pfes.nt.gov.au) | | |
| Blood Alcohol Concentration (BAC) and Drug Analysis Reports attract a fee pursuant to the *Police Administration (Fes) Regulations.*  **Prior to completing this application form please contact the Forensic Toxicology Section to ascertain if a sample has been received, tested and applicable fees.** Where the analysis has been undertaken as part of a Police investigation, a copy of the relevant Certificate(s) can be provided at a cost of **45 Revenue Units** per certificate.  Where the analysis has not been requested by Police and a blood sample has been received, application to have the sample analysed can be made by the donor or a third party (i.e. insurance) with an Authority to Release Information document signed by the donor or his/her legally recognised representative.  The Forensic Toxicology Section can analyse the sample based on a fee for service, a **BAC analysis is 125 Revenue Units**, a **Drug Screen analysis is 250 Revenue Units** and a **Drug Confirmation analysis is 375 Revenue Units**.  Revenue Units are governed by the Northern Territory *Revenue Units Act 2009* and are subject to change 1 July each year. The Northern Territory Department of Treasury and Finance determine the value of a Revenue Unit for all Northern Territory Government Departments. Unfortunately, these fees can **NOT** be waived under any circumstances.  Please send your completed application form and proof of payment to Forensic Toxicology Section by email. If you submit your form at an NT Police Station, the receiving officer will forward your application to the Forensic Toxicology Section on your behalf. | | | | |
| **Name and Contact Details**  Title (please circle): Ms / Mrs / Miss / Mr / Dr\_\_\_\_\_\_\_\_\_\_\_  First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Family Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: (B/H)\_\_\_\_\_\_\_\_\_\_\_\_(A/H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Postal Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Establishment of Interest**  You must tick the applicable involvement type or state a bonafide interest in the information claimed   Driver, Passenger, Motorcyclist, Cyclist or Pedestrian   Owner of Vehicle, Motorcycle, Bicycle, Bus, Truck, Road Train   Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Information Required**   Blood Alcohol Concentration Certificate   Drugs Certificate  ***Third party requests must have an ‘Authorisation to Release Information’ signed by the donor attached.*** | | | | |
| **Motor Vehicle Crash Details (enter as many fields as you are able)**  SERPRO or ICAD Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Crash: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place of Crash: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Driver/s or Pedestrian/s Unit 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Driver/s or Pedestrian/s Unit 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vehicle Registration No/s Unit 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Unit 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hospital/Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Member/Police Station Reported to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sign Here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Payment Options****(if application not made at a Police Front Counter)**  **Credit Card**  Credit card payments can be made to the Receiver of Territory Monies (RTM) over the telephone. You must advise the RTM that you are paying for a Blood Alcohol Concentration/Drug Analysis Report, with the general ledger code **16CCAA02- 131142** and tax code S10. You must also attach a copy of the RTM receipt to this application form and send it to the Forensic Chemistry Unit at NT Police, Fire and **Emergency** Services.  The RTM can be contacted during office hours on **(08) 8999 1606**.  **Bank Transfer via Internet or Telephone Banking**  Our bank details are:  National Australia Bank (NAB)  BSB: 085-933  Account Number: 187959771  Description: Applicant’s/Your Name – 131142  www.nt.gov.au/pfes  You must also attach a copy of the transfer confirmation to this application form and send it direct to the Forensic Toxicology Section. | | | | |
| **2023/24 Fee Advice**  As at **1 July, 2023**; **1** Revenue Unit is equal to **$1.35**, therefore the following fees apply: | | | | |
| **Type of Request/Application\*** | **Revenue Unit** | | **Current Fee** | **Tax Code** |
| Copy of a BAC/Drug Certificate | 45 | | $60 | S10 |
| Conduct a BAC Analysis | 125 | | $168 | S10 |
| Conduct a Drug Screen Analysis | 250 | | $337 | S10 |
| Conduct a Drug Confirmation Analysis | 375 | | $506 | S10 |
| **\*Total amount to be verified by the Forensic Toxicology Section.**  **Privacy**  *Northern Territory Police, Fire and Emergency Services (NTPFES) is collecting this information to ensure that the correct person is entitled to receive the information requested. This collection is authorised or required by the Information Act (NT) and/or the Northern Territory Police Administration Act. The information provided on this form is only used to identify the applicant for the purpose of providing the information requested. You have the right to request access to any of your personal information held by NTPFES. For more information, please contact NTPFES by telephone on (08) 8985 8926.* | | | | |
| **This must be completed by the Receiving Officer before forwarding to the Forensic Toxicology Section:**  Date Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Photographic Identification of Applicant Attached: Yes / No  Receipt Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payment Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Receiving Officer’s Name & Position (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Receiving Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
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