

Intoxilyzer® 8000

Operator

Breath Alcohol Section
Breath Alcohol Test Operator Training
Request Form Application

(Please print clearly – bold headings required)

Class Date _____ Class Start Time _____

Instructor _____ Class Location _____

BILL TO: (Required)

Name _____

Address _____

Phone _____

Email _____

Full Certification
(Check only if no cert. or > 27
months since last cert)

Recertification
(Check only if previously
certified w/in last 27 months)

Last Name _____ **First Name** _____ **Middle** _____ **Title/Rank** _____

Have you ever used a different name? If so, please list. _____

Social Security Number _____

Date of Birth _____

Scientific Laboratory Division Operator Certification Number _____ (if previously certified by SLD)

Operator Certification Card Expiration Date _____

Agency Name _____

Agency Address _____

Agency Phone _____ **Agency Fax** _____ **Home Phone** _____

Home Address (for Parental Resp. Act) _____

E-mail _____ **Agency Code #** _____ **A** _____ **Example Agency Code** 00A00

Salaried, commissioned peace officer or an employee of a detention facility in New Mexico YES/ NO

Years in Law Enforcement

Education (Circle highest grade completed) 10 11 12 13 14 15 16 17 18 +

Class cancellation forms may be obtained at <https://nmhealth.org/about/sld/txb/bat/> or by calling (505)383-9102.

NM Department of Health – Scientific Laboratory Division
Breath Alcohol Section
1101 Camino de Salud NE, Albuquerque, N.M. 87102
Phone (505) 383-9102 Fax (505) 383-9088
<https://nmhealth.org/about/sld/txb/bat/>