** Applicant must be currently certified as an operator or successfully complete the operator’s certification class prior to attending this class. **

(Please print clearly – bold headings required)

**Applicant must be currently certified as an operator or successfully complete the operator’s certification class prior to attending this class.**

Class Date_____________________________ Class Start Time_____________________________

Instructor ___________________________ Class Location_______________________________

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 __________________________

Operator Certification Card Expiration Date ____________

Agency Name______________________________________________________________

Agency Address____________________________________________________________

Agency Phone______________Agency Fax______________Cell 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.