(Please print clearly – bold headings required)

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.

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