

# Intoxilyzer® 8000

## Operator

Breath Alcohol Section  
Breath Alcohol Test Operator Training  
Request Form Application  
Fees shown at: [Toxicology \(nmhealth.org\)](https://nmhealth.org)

(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/>