

Intoxilyzer® 8000

Operator

Breath Alcohol Section
Breath Alcohol Testing
Training Application

(Please print clearly – bold headings required)

Class Date _____ **Class Start Time** _____

Instructor _____ **Class Location** _____

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
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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 <http://sld.health.state.nm.us/documents/NMDOH-SLD-AB-ClassApplication-Cancellation.pdf> or by calling (505) 383-9102.

NM Department of Health – Scientific Laboratory Division
Breath Alcohol Section
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Phone (505) 383-9102 Fax (505) 383-9088
www.sld.health.state.nm.us/ab.aspx