

Intoxilyzer® 8000

Breath Alcohol Section
Breath Alcohol Key
Operator Training Request
Form Application

Key Operator

**** 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)

Class Date _____ **Class Start Time** _____

Instructor _____ **Class Location** _____

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
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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.