

Online Operator Recertification

Breath Alcohol Section Training Application

Intoxilyzer 8000

Class Date _____

Online Recertification (\$65.00 fee)

(Please Print)

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 _____

Certification Card Expiration Date(Application will not be processed without a date) _____

Agency _____

Agency Address _____

Agency Phone _____ Agency Fax _____ Home Phone _____

Home Address _____

E-mail Address _____ Agency Code # _____ **Example Agency Code 00A00**

**E-mail address MUST be valid*

Fulltime, salaried, commissioned peace officer or an employee of a detention facility in New Mexico YES/ NO

Scientific Laboratory Division Operator Certification Number

Years in Law Enforcement

Education (Circle highest grade completed) 1 2 3 4 5 6 7 8 9 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. Cancellation forms must be received at least 24hrs prior to the class date or agencies will be assessed a \$25 cancellation fee.

NM Department of Health – Scientific Laboratory Division
Breath Alcohol Section
1101 Camino de Salud NE, Albuquerque, NM 87102
Phone (505) 383-9102 Fax (505) 383-9088