** 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

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.

05/2023