

Breath Alcohol Training Class Cancellation Form

This form must be emailed to doh-breath-alcohol@doh.nm.gov at least 24 hours prior to the class.

If this form is not received by SLD at least 24hrs prior to the class agencies will be assessed a \$25 class cancellation fee.

Class Date _____

Agency Name _____

(Class Type – check one)

Operator Class Key Operator Class

First Name

Last Name

Middle

For SLD Use Only

Date Received _____

Received By _____

NM Department of Health
Scientific Laboratory Division
Breath Alcohol Section
1101 Camino de Salud NE
Albuquerque, NM 87102
Phone (505) 383-9102
<https://nmhealth.org/about/sld/txb/bat/>