

Intoxilyzer® 9000

Operator

Breath Alcohol Section
Breath Alcohol Test Operator Training
Request Form Application
Fees shown at: [Toxicology \(nmhealth.org\)](https://nmhealth.org)

(Please print clearly – bold headings required)

Class Date _____ Class Start Time _____

Instructor _____ Class Location _____

BILL TO: (Required)

Name _____

Address _____

Phone _____

Email _____

☐ **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 _____

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 <https://nmhealth.org/about/sld/txb/bat/> or by calling (505)383-9102.

NM Department of Health – Scientific Laboratory Division
Breath Alcohol Section
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Phone (505) 383-9102
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<https://nmhealth.org/about/sld/txb/bat/>