

Intoxilyzer® 9000

Key Operator

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

**** 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 _____

BILL TO: (Required)

Name _____

Address _____

Phone _____

Email _____

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 _____

Scientific Laboratory Division Operator Certification _____

Date IR-9000 Op Class taken or to be attended _____

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.

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/>