

# 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 \_\_\_\_\_

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  
1101 Camino de Salud NE, Albuquerque, N.M. 87102  
Phone (505) 383-9102 Fax (505) 383-9088  
<https://nmhealth.org/about/sld/txb/bat/>