

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.