

Intoxilyzer® 9000

Field Operator

Instructor

Breath Alcohol

Field Operator Instructor Training

Request Form Application

CLASS DATE:

____ / ____ / ____ 0830-1700

(Please Print)

| | | | |
|-----------|------------|--------|------------|
| Last Name | First Name | Middle | Title/Rank |
|-----------|------------|--------|------------|

| | |
|------------------------|---------------|
| Social Security Number | Date of Birth |
|------------------------|---------------|

Agency _____

Agency Address _____

Agency Phone _____ Agency Fax _____

Fulltime, salaried, commissioned peace officer or an employee of a detention facility in New Mexico

YES
 NO

Years in Law Enforcement

Scientific Laboratory Division Operator Certification Number

Scientific Laboratory Division KEY Operator Certification Number

Class Requirements:

I have **current** certifications as an **operator** and **key operator** of the applicable breath testing instrument (Intoxilyzer 9000).

At least 12 semester hours in which the applicant received a grade of C (or satisfactory) or higher in any combination of the following disciplines: chemistry, biology, physics, or mathematics from an accredited university or college; at least four of those 12 semester hours must be in chemistry OR a bachelor's degree in chemistry, biology or a related science from an accredited university or college.

I have **FAXED or EMAILED** my **APPLICATION** and verification of semester hours to (505) 383-9088 or DOH-Breath-Alcohol@doh.nm.gov.