

# Online Operator Recertification

## Breath Alcohol Section Training Application

### Intoxilyzer 9000

Submission Date \_\_\_\_\_

**Bill to: (Required)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Online Recertification (\$65.00 fee)**

**(Check to acknowledge)**

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 \_\_\_\_\_

**Certification Card Expiration Date (Application will not be processed without a date)** \_\_\_\_\_

Agency \_\_\_\_\_

Agency Address \_\_\_\_\_

Agency Phone \_\_\_\_\_ Agency Fax \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

E-mail Address \_\_\_\_\_ Agency Code # \_\_\_\_\_ **Example Agency Code 00A00**

*\*E-mail address MUST be valid*

**Fulltime, salaried, commissioned peace officer or an employee of a detention facility in New Mexico** YES/NO

**Scientific Laboratory Division Operator Certification Number**  **Years in Law Enforcement**

Education (Circle highest grade completed) 1 2 3 4 5 6 7 8 9 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. Cancellation forms must be received at least 24hrs prior to the class date or agencies will be assessed a \$25 cancellation fee.**

NM Department of Health – Scientific Laboratory Division  
Breath Alcohol Section  
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