

State of Nevada  
Department of Public Safety

**Application for Certification/Re-Certification**  
**Forensic Analyst of Alcohol**

Application is for:  
[ ] Initial Certification  
[ ] Re-certification

Current Certification: \_\_\_\_\_

(Please Print or Type)

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ ID#: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ Phone: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

I hereby affirm that I have received training in the theory and calibration of breath-testing devices; that I am familiar with the calibration and maintenance of breath-testing devices currently appearing on the certified list for Nevada agencies; and can calibrate and maintain those breath-testing devices in conformance with Chapter 484 of the Nevada Revised Statutes.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

A. INITIAL CERTIFICATION:

On \_\_\_\_ (days) of \_\_\_\_\_ (month), 20\_\_\_\_, the above-described individual successfully completed twenty-four (24) hours of training approved by the Committee on Testing for Intoxication, and demonstrated his/her competence in calibrating breath-testing devices and in evaluating others on their competence in operating such devices as required by Nevada Administrative Code 484C.020, subsection 2.

Instructor's Signature \_\_\_\_\_ Certification/License No. \_\_\_\_\_ Date \_\_\_\_\_

B. RE-CERTIFICATION (Either Condition #1 or #2 must be met:)

1. On \_\_\_\_ (days) of \_\_\_\_\_ (month), 20\_\_\_\_, the above-described individual successfully completed eight (8) hours of training approved by the Committee on Testing for Intoxication, and demonstrated his/her competence in calibrating breath-testing devices and in evaluating others on their competence in operating such devices as required by Nevada Administrative Code 484C.030, subsection 1.

Instructor's Signature \_\_\_\_\_ Certification/License No. \_\_\_\_\_ Date \_\_\_\_\_

2. The above-described individual meets requirements as set forth in Nevada Administrative code 484C.030, subsection 2. (NOTE: Attach current resume, verification of attendance to seminars or training programs, acceptance as an expert, and verification of continued activity in the field of breath-testing.)

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\_\_\_\_\_ Has satisfied all requirements and is certified as a Forensic Analyst of Alcohol in the State of Nevada.

Name \_\_\_\_\_ Date \_\_\_\_\_

Department of Public Safety  
Chairman, Committee on Testing for Intoxication

CERTIFICATION NO: \_\_\_\_\_ CERTIFICATION DATES / From: \_\_\_\_\_ To: \_\_\_\_\_