

**STATE OF NEVADA**  
**DEPARTMENT OF PUBLIC SAFETY**  
**Application for Certification / Recertification**  
**Evidential Breath-Testing Device Operator**

**PLEASE ACCEPT MY APPLICATION FOR:**

**Initial Certification**  
(4 hrs POST CE credit)

**Re-certification**  
(2 hrs POST CE credit)  
Current Cert. # \_\_\_\_\_

**Additional Certification**  
**List Instrument for which you**  
**currently hold a certification:**  
\_\_\_\_\_

(Please print)

**Name:** \_\_\_\_\_

**Previous Name (if applicable):** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **I.D. #** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Instrument for which Certification is requested:**

\_\_\_\_\_  
CMI  
Manufacturer

\_\_\_\_\_  
Intoxilyzer  
Make

\_\_\_\_\_  
8000  
Model

**AFFIRMATION OF TRAINING**

I hereby affirm that I have received training in the operation of the above described instrument; that I am familiar with proper operation of the above described instrument; and can administer an Evidentiary Breath Alcohol Test in conformance with Chapter 484C of the Nevada Revised Statutes.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**CERTIFICATION OF TRAINING**

The above described individual has successfully completed a Peace Officer's Standards and Testing (POST) and Committee on Testing for Intoxication approved training on the Intoxilyzer 8000 Evidentiary Breath Alcohol Instrument and is determined proficient in the operation of the above named device.

**CERTIFICATION OF OPERATOR**

**Certification Number:** \_\_\_\_\_

**Certification Dates:** \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
**Forensic Analyst of Alcohol Signature**

\_\_\_\_\_  
**Certification #**

\_\_\_\_\_  
**Date**