

**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)

Last Name: _____ **First 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 Training (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