

Alaska Scientific Crime Detection Laboratory

Change in Operator Status Form

Effective: 1/17/2024

Version: 3.0

In accordance with regulations stated in 13 AAC 63.010 - .900, the following change(s) is/are noted for the operator shown:

Breath Test Supervisor Name

BTO Number

Breath Test Operator Name

BTO Number

Agency/Address

Reason for change in status:

_____ Employment Ended (for any reason)

_____ Retired

_____ New Hire

_____ Name Change

Former Name: _____

_____ Moved to New Agency in Alaska

New Location (If Known): _____

Agency Name/Address

_____ Other