REQUEST FOR CERTIFICATION/RECERTIFICATION OF BREATH TEST OPERATORS ON THE DATAMASTER DMT

NOTICE OF SUCCESSFUL COURSE COMPLETION

I am requesting a certification/recertification of the following people as Breath Test Operators.

Course Date: _____

BTO#	First Name/Middle Initial/Last Name	Agency

By signing below I certify that:

- The current approved training program issued by the Scientific Director was used
- All attendees were present for at least 4 hours of training and instruction
- All attendees passed the approved Breath Test Operator Exam with a 75% or greater

_____ _____

Instructor's Signature and number Date

_____ _____

Instructor's Printed Name Contact Number