

# Alaska Scientific Crime Detection Laboratory

## Breath Test Operator Certification/Recertification Form

Issued: 12/15/2017  
Effective: 12/15/2017

Version: BTOCRF 2017 R0  
Status: Active

### 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:

- I am currently an approved breath test supervisor
- 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

Email completed form to [dps.scdl.toxicology@alaska.gov](mailto:dps.scdl.toxicology@alaska.gov)

\_\_\_\_\_  
Instructor's Signature and number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor's Printed Name

\_\_\_\_\_  
Contact Number