

# Alaska Scientific Crime Detection Laboratory

## Breath Test Operator Certification/Recertification Form

Issued: 4/7/2014  
Effective: 4/8/2014

Version: BTOCRF 2014 R0  
Status: Active

### 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	Cert	Recert
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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