

EXHIBIT B
APPLICATION FOR BREATH ALCOHOL OPERATOR PERMIT

ARIZONA DEPARTMENT OF PUBLIC SAFETY
Scientific Analysis Bureau
2102 W Encanto Blvd
Phoenix, Arizona 85009
(602) 223-2394

DO NOT WRITE
IN THIS AREA
Permit # _____
Date issued _____
Approved by _____

Application for an Operator permit to perform alcohol concentration determinations and associated quality assurance procedures on an approved device.

TO BE COMPLETED BY APPLICANT - PLEASE PRINT CLEARLY
(ALL ITEMS MUST BE COMPLETED OR APPLICATION WILL NOT BE ACCEPTED)

IS THIS APPLICATION FOR? INITIAL PERMIT _____ RENEWAL _____

DO YOU HAVE AN OPERATOR PERMIT(S)? YES _____ NO _____

OPERATOR DEVICE(S) / PERMIT NUMBER(S) _____

1. Name: _____
(Full Legal Name) (Last) (First) (Middle) (Maiden)

Name: _____
(As you want it to appear on permit) (Last) (First) (Middle – optional)

2. Employer: _____
(Name)

(Address)

(Phone) (Fax)

3. Email address: _____

4. Operator permit requested for what device(s): _____

I hereby certify that the information submitted in this application is true and correct.

Signature of Applicant Badge # Date

TO BE COMPLETED BY INSTRUCTOR

1. Agency Conducting Training: _____

2. Date and Location of Training: _____
(Date) (Location)

3. Arizona Department of Public Safety course approval number: _____

4. Did applicant successfully complete the course? Pass _____ Fail _____

(Signature of Instructor) (Print Name) (Date)