



Mark Parkinson, Governor
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH
AND ENVIRONMENT

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APPLICATION FOR TRAINING TO TEST HUMAN
BREATH FOR LAW ENFORCEMENT PURPOSES
INTOXILYZER 8000

Name of Applicant

Name of Law Enforcement Agency

Date/Dates of preferred class (Refer to class schedule)

Are you a duly appointed officer? ____ Yes ____ No

If no, are you attending an approved Law Enforcement Training Academy? ____ Yes ____ No

If yes, which academy? _____

If you answered no to both, contact Chris Houston for approval to attend the class at 785-230-1727.

Have you ever been a certified operator of an evidential breath testing instrument in the State of Kansas? ____ Yes ____ No

If yes, please include the operator's number: _____

Applicant's Signature

Agency Custodian

Return the application to the address listed at the bottom of this letterhead with attention to Christine Houston. The application may also be returned via fax. Electronic copies can not be accepted due to the need of signatures on the application. Thank you for your cooperation and interest in becoming a certified breath alcohol testing operator.

BREATH ALCOHOL PROGRAM, ATTENTION CHRISTINE HOUSTON, 1000 SW JACKSON SUITE 130, TOPEKA, KS 66612

Phone: 785-296-1642 Fax: 785-296-8068

chouston@kdheks.gov, tporter@kdheks.gov, athurman@kdheks.gov, ssunderman@kdheks.gov