



APPLICATION FOR TRAINING TO TEST  
HUMAN BREATH FOR LAW ENFORCEMENT PURPOSES  
INTOXILYZER 9000

\_\_\_\_\_  
Name of Applicant (First, Middle Initial, Last)

\_\_\_\_\_  
Location of Class

\_\_\_\_\_  
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 sponsored by your supervisory law enforcement agency?  Yes  No

Have you been previously certified to use 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 Signature

Please, fax completed forms to Christine Houston at 785-296-8068 or e-mail to [Christine.houston@ks.gov](mailto:Christine.houston@ks.gov).

Thanks.