



Mark Parkinson, Governor
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH
AND ENVIRONMENT

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BREATH ALCOHOL CERTIFIED OPERATORS
CHANGE OF STATUS FORM

circle if applicable: **TRANSFER** - **DELETION** - **NAME CHANGE**

OPERATOR NAME: _____ OPERATOR #: _____

AGENCY NAME: _____ AGENCY #: _____

EFFECTIVE TRANSFER START DATE: ____/____/____

EFFECTIVE DELETION ENDING DATE: ____/____/____

EFFECTIVE NAME CHANGE DATE: ____/____/____

Agency Custodian