

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BREATH ALCOHOL PROGRAM

AGENCY, INSTRUMENT AND OPERATOR APPLICATION

Certification of law enforcement agency, instruments and operators for testing human breath for alcohol for law enforcement purposes as authorized by K.S.A. 65-1,109.

Agency Address:

Please make any address corrections below:

Instrument being used by law enforcement agencies: **Intoxilyzer 8000**

List all Serial Numbers of Intoxilyzer 8000s with the Agency number of the instrument used by your agency's certified operators:

Instrument #/ Agency #:

Instrument #/ Agency #:

Instrument #/ Agency #:

Agency Custodian Signature: _____

CONTACT INFORMATION FOR AGENCY:

Breath Alcohol Agency Custodian: _____

Phone Number: _____ Fax Number: _____

Cell Number (optional): _____ E-mail: _____

Breath Alcohol Program Secondary Contact Person: _____

Phone Number: _____ E-mail: _____

Return to:
Div. of Health & Environmental Laboratories
Breath Alcohol Program
1000 SW Jackson, Suite #130
Topeka, Kansas 66612

Agency Head Signature

Date Signed

Title of Agency Head