

Texas Breath Alcohol Testing Program Intoxilyzer Operator Certification Course

Intoxilyzer Operator Profile

Information will be used by Breath Testing Personnel and not distributed.

Start Date of Class: _____

Name as Appears on Driver License

(First) (Middle) (Last) (Suffix)

Last 4 Digits of **Driver License Number** _____

Agency Name/Duty Station _____

Cell Number _____

Email _____

PID Number _____ Date of Birth: _____

Have you been previously certified as an Intoxilyzer Operator in Texas? If yes, please list Operator Certificate Number, if known, or last duty station or law enforcement agency name when certified.

Previous Operator?

Previous Certificate Number or Agency _____

Laboratory Exercise – Alcohol Dosing

Drinking _____ Not Drinking _____

Weight _____ (approximate/average)

Drinking Day Preference:

Alcohol Preference: