

**ARKANSAS DEPARTMENT OF HEALTH
Office of Alcohol Testing
201 S. Monroe St.
Little Rock, AR 72205**

DELETIONS OR CORRECTIONS FOR BREATH TEST PERSONNEL

Complete this form to notify Office of Alcohol Testing to remove senior operators or operators from the list of certified breath test personnel at an installation or to inform of a name change or misspelling.

**EMAIL (adh.lab.alcoholtesting@groups.arkansas.gov) or
FAX the completed form to (501) 661-2289**

Installation Name _____

Installation No. _____

FULL NAME ON CERTIFICATE	CERTIFICATION NUMBER	LAST DATE OF EMPLOYMENT (MM/DD/YY)

FULL NAME ON CERTIFICATE	CERTIFICATION NUMBER	CHANGE NAME OR CORRECT SPELLING TO:

Signature of person completing form _____ Date _____

Comment:

<i>This section for Office of Alcohol Testing use only!</i>		
Date Received _____	LIMS Updated _____	Intox Updated _____