

**ARKANSAS DEPARTMENT OF HEALTH  
Office of Alcohol Testing  
Box 8509  
Little Rock, AR 72215-8509**

**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.

***FAX the completed form to (501) 661-2289 or mail to the address above.  
Return card to OAT if removing personnel from certification.***

Installation Name \_\_\_\_\_

Installation No. \_\_\_\_\_

| FULL NAME ON CERTIFICATE | CERTIFICATION NUMBER | LAST DATE OF EMPLOYMENT |
|--------------------------|----------------------|-------------------------|
|                          |                      |                         |
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| FULL NAME ON CERTIFICATE | CERTIFICATION NUMBER | CHANGE NAME OR CORRECT SPELLING TO: |
|--------------------------|----------------------|-------------------------------------|
|                          |                      |                                     |
|                          |                      |                                     |

Signature of person completing form \_\_\_\_\_ Date \_\_\_\_\_

**Comment:**

|  |                       |                     |
|--|-----------------------|---------------------|
| <b><i>This section for Office of Alcohol Testing use only!</i></b> |                       |                     |
| Date Received _____  | WebHost Updated _____ | Intox Updated _____ |