

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.

EMAIL (*adh.alcoholtesting@arkansas.gov*), 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

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

Signature of person completing form _____ Date _____

Comment:

This section for Office of Alcohol Testing use only!

Date Received _____ WebHost Updated _____ Intox Updated _____