

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

REPLACEMENT CARD REQUEST

Complete this form to receive a replacement Intoximeter EC/ IR II operator card.

FAX [501-661-2289] or Email [adh.alcoholtesting@arkansas.gov] the completed form if the card has been lost. A \$25 fee will be charged at a later date.

If a card is needing to be replaced because it is not working properly, return the card to OAT with this form and a new one will be mailed.

Installation Name _____

Installation No. _____

FULL NAME ON CERTIFICATE	CERTIFICATION NUMBER	LOST CARD	CARD NOT WORKING

Printed name of person completing form: _____

Date: _____

Comment:

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

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