

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:**

***This section for Office of Alcohol Testing use only!***

Date Received \_\_\_\_\_

Date Completed \_\_\_\_\_