



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
 BREATH ALCOHOL PROGRAM



APPLICATION FOR TYPE III PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

THIS APPLICATION IS FOR <input type="checkbox"/> NEW PERMIT <input type="checkbox"/> RENEWAL		CURRENT PERMIT NUMBER AND EXPIRATION DATE	EMAIL ADDRESS FOR COMPLETED PERMIT
PRINT FULL NAME		TITLE	AGE
DEPARTMENT OR TROOP			TELEPHONE ()
BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)			

**LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS.
 (Also, please be sure an ✓ is placed beside ALL breath analyzer(s) for which you are requesting a permit.)**

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE AN ✓ BESIDE INSTRUMENTS FOR WHICH YOU ARE REQUESTING A PERMIT	NAME OF INSTRUCTOR
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

IF THIS IS AN APPLICATION FOR A NEW PERMIT, INCLUDE A COPY OF APPLICANT'S EXAM

IF THIS IS A RENEWAL APPLICATION, AND/OR YOU ARE ADDING A NEW INSTRUMENT TO YOUR CURRENT PERMIT, READ THE FOLLOWING INSTRUCTIONS AND PROVIDE THE FOLLOWING ADDITIONAL INFORMATION:

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type III Permit, the applicant shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If this condition is not met or the permit has expired for more than thirty (30) days, the applicant shall complete a two (2) hour refresher-training course under the supervision of an individual with a valid Type II Permit. The refresher-training course shall include the performance of five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the completed operational checklists and printouts for the self-administered tests shall accompany the renewal application.

NAME OF INSTRUMENT	NUMBER OF SUBJECT TESTS	NUMBER OF SELF-TESTS	REFRESHER TRAINING COMPLETE
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>

SIGNATURE OF APPLICANT ▶	DATE
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RECOMMENDATION OF SUPERVISOR TYPE II

I certify that _____ is qualified to operate the breath analyzer instrument(s) as requested in this application.
(PRINT TYPE III APPLICANT FULL NAME)

PRINT TYPE II APPLICANT FULL NAME ▶	BUSINESS PHONE ()
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SIGNATURE OF TYPE II PERMITTEE ▶	PERMIT NUMBER/EXPIRATION DATE
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RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
 1903 Northwood Drive, Suite #4, Poplar Bluff, MO 63901