

Florida Department of Law Enforcement Alcohol Testing Program

Notification of Specialized Training Course

Please check the appropriate course:

- Breath Test Operator Course
 Breath Test Operator Renewal Course
 Agency Inspector Course
 Agency Inspector Renewal Course
 Other (Please Specify) _____

Date(s) and Time(s) of the Course _____

Training Center _____

Training Center Address _____

Physical Location of Training _____
(If different from Training Center)

Anticipated Number of Students _____

List Names and Areas of Expertise of Guest Instructors _____

Will Primary Instructor Need FDLE/ATP Assistance? Yes () No ()

Nature of Assistance Needed _____

Primary Instructor's Name _____

Primary Instructor's Address _____

Primary Instructor's Telephone _____ Fax _____

Remark(s) _____

I agree to notify FDLE/ATP prior to conducting the course if any of the above information changes.

Primary Instructor's Signature _____ Date _____

Training Center Director or Designee Signature _____ Date _____

FDLE/ATP Telephone (850) 617-1290

FDLE/ATP Fax (850) 921-3787