



Florida Department of
Law Enforcement

Breath Test Permit Application

PLEASE TYPE OR PRINT AND CHECKMARK THE APPLICABLE CIRCLES

Last 4 Digits of Your

Social Security Number: _____ Name: _____
(Last) (First) (MI)

Date of Birth: _____ Employing Agency: _____
If Federal Employee – Date of Employment: _____

Mailing Address: _____
(Street) (City) (State) (Zip Code)

Email Address: _____ Agency Phone Number: _____

PERMIT TYPE (CHECK ONE):

<input type="checkbox"/> BREATH TEST OPERATOR <input type="checkbox"/> 8000 <input type="checkbox"/> 9000	<input type="checkbox"/> AGENCY INSPECTOR <input type="checkbox"/> 8000 <input type="checkbox"/> 9000
Requirements for Breath Test Operator Permit: <input type="checkbox"/> Eighteen years of age or older. <input type="checkbox"/> High School diploma or equivalent. <input type="checkbox"/> Present employment by an agency. <input type="checkbox"/> Successful completion of the Breath Test Operator Course. <input type="checkbox"/> Has never been convicted of any of the following in any state or federal court: 1. Any felony. 2. Any misdemeanor involving perjury, false statements, or falsification of records. 3. Any criminal violation of Chapter 893, Florida Statutes. 4. Any driving under the influence offense (DUI) during the five years prior to submitting the application. 5. Leaving the scene of a crash involving death or serious bodily injury.	Requirements for Agency Inspector Permit: <input type="checkbox"/> Valid Breath Test Operator permit issued by FDLE. <input type="checkbox"/> Successful completion of the Agency Inspector Course. <input type="checkbox"/> Present employment by an agency <input type="checkbox"/> Has never been convicted of any of the following in any state or federal court: 1. Any felony. 2. Any misdemeanor involving perjury, false statements, or falsification of records. 3. Any criminal violation of Chapter 893, Florida Statutes. 4. Any driving under the influence offense (DUI) during the five years prior to submitting the application. 5. Leaving the scene of a crash involving death or serious bodily injury.

I certify that I meet the Chapter 11D-8, F.A.C., requirements for the permit noted above, and that the information provided is true and correct.

Signature of Applicant

Date

FLORIDA DEPARTMENT OF LAW ENFORCEMENT USE ONLY

APPLICATION REVIEW

A mark (X or √) indicates that the document was present and properly completed.

Breath Test Operator

____ Breath Test Permit Application
____ Examination Results
____ Proof of Course Completion

Agency Inspector

____ Breath Test Permit Application
____ Examination Results
____ Proof of Course Completion

☐ **Application Complete**

☐ **Application Deficient**

Signature of Alcohol Testing Program Staff Member

Date

APPLICATION DISPOSITION

☐ Application Approved: _____
☐ Application Denied: _____

Comments: _____

Signature of Alcohol Testing Program Staff Member

Date