

APPLICATION FOR ENROLLMENT

STATE OF WISCONSIN - DEPARTMENT OF TRANSPORTATION **BASIC BREATH EXAMINER SPECIALIST TRAINING PROGRAM**

Each officer attending the training program must have a completed application on file and be prepared to attend the **entire** course daily from 8:00 a.m. to 5:00 p.m. **without exception**. Please send students with their schedules free of work conflict and alcohol free. If you have questions or concerns, please call (608) 243-2946.

APPLICANT INFORMATION (Please print)

OFFICER'S NAME: _____ PART-TIME OFFICER? (Y/N)
(LAST, FIRST, MIDDLE INITIAL)

OFFICER'S DRIVER LICENSE #: _____

OFFICER'S EMPLOYING AGENCY: _____

WEEK & SITE OF DESIRED TRAINING COURSE: _____

ALTERNATE CHOICE: (if above is full) _____

AGENCY TRAINING OFFICER INFORMATION (Please print)

The training officer will receive a letter of confirmation upon application assignment. The training officer will also receive, within a month of the scheduled training session, an informational letter outlining additional class information.

NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

E-MAIL: _____

***SIGNATURE REQUIRED**

DEPARTMENT CHIEF or ADMIN DESIGNEE: _____

MAIL OR FAX COMPLETED APPLICATION TO:

DIVISION OF STATE PATROL - CHEMICAL TEST SECTION
3502 KINSMAN BLVD
MADISON, WI 53704
FAX: (608) 243-2954