

**DEPARTMENT OF STATE POLICE
CRIME LABORATORY
OFFICE OF ALCOHOL TESTING
857-377-3035 Fax**

BREATH TEST RECORD REQUEST FORM

(version 4.11.2016)

ARREST INFORMATION			
Defendant: (L,F, MI)			
License # & State:		DOB:	
Arresting Dept:		Date of Arrest:	
Court:		Docket No:	
<i>Note: Attach a copy of the Police Report and the Breath Test Report Form</i>			

REQUESTED BY					
Name:			Telephone:		
Agency:			Fax:		
Street Address					
City:		State		Zip:	
Date of Request:			Court Date:		

RECORDS REQUESTED

- 90 – 24 Record:** Includes OAT breath test data for the defendant.
- Periodic Test Record:** Includes OAT periodic test data from calibration standard tests initiated by the department OIC or agency prior to the defendant's breath test.
- Calibration and Verification Records:** Includes OAT testing data conducted by OAT Forensic Scientists.
- Certification Summary:** Includes OAT certification/expiration date and Certifying Chemist.

All records will be sent to the clerk's office along with a business records affidavit.

