

DEPARTMENT OF STATE POLICE CRIME LABORATORY
OFFICE OF ALCOHOL TESTING
OATDiscoveryRequest@mass.gov

ALCOTEST 9510 INSTRUMENT CERTIFICATION PACKET
DISTRICT ATTORNEY REQUEST FORM

ARREST INFORMATION			
Defendant's Name (L, F, MI):			
Arresting Dept.:		Docket #:	
Court Name:			
Court Address:			
Please attach a copy of the breath test report(s) <i>OR</i> Provide the date of test: _____ & Alcotest 9510 Serial #: _____			

REQUESTED BY			
Name:			
Agency:			
Date of Request:		Next Court Date:	

RECORDS REQUESTED

Note: Unless otherwise requested, the following will be provided:

- (1) Alcotest 9510 Certificate of Calibration & supporting certification documents for the certification event immediately preceding the date of the breath test. The Alcotest 9510 Certificates of Calibration will be accompanied by a business records affidavit and mailed to the clerk's office.**
- (2) Curriculum vitae of the analyst who performed the certification immediately preceding the date of the breath test. The requesting DA's office will be given access to download these materials.**
- (3) Any completed proficiency tests for the analyst who performed the certification immediately preceding the date of the breath test. The requesting DA's office will be given access to download these materials.**

Other Requests

Please describe:
