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| **BREATH TEST OPERATOR CERTIFICATION ROSTER** | | | Breath Test Instructor(s): |  | | | | | **OAT Use Only** | | |
|  | GRADUATION DATE (if applicable): | | (Printed and Signed) |  | | | | | Date Received: | | |
|  | TRAINING DATE: | | Observers Present |  | | | | | Expiration Date: | | |
|  | TRAINING LOCATION: | | (Printed and Signed) |  | | | | | Date Entered: | | |
|  | Reference Material Used: BTO Manual Revision 5 | |  | Key: A = Absent, Y = Yes, N = No, P = Pass, F = Fail | | | | | Entered By: | | |
| **#** | \*\* By signing this roster, you are confirming all information is correct and your FULL LEGAL name is listed. \*\*  **Signature** | **Last Name** | **First Name** | **MI** | **BATS ID# or**  **Last 4 of SS#** | **Department** | **Written Exam**  **(A/P/F)** | **Practical BT Test**  **(A/Y/N)** | **Written Exam Verified**  **(Y/N)** | **Practical BT Test Verified**  **(Y/N)** | **BTO**  **Status**  **(A/P/F)** |
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