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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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