

# BREATH TEST OPERATOR (BTO) USER LIST FORM

Return via email to: [OATBTOProgram@mass.gov](mailto:OATBTOProgram@mass.gov)

Please use this form to make any updates or changes your Agency's BTO User List.

OIC Name: \_\_\_\_\_ Agency: \_\_\_\_\_

## **To Edit Existing User ID:**

If you would like to make any changes to your current user list, such as name changes or spellings, please make them here:

Original:	_____	Change to:	_____
	_____		_____
	_____		_____
	_____		_____

## **To Add a BTO to your User ID List:**

If you would like to add a BTO to your user list, please provide the following information:

<b><u>BTO Name (First, MI, Last)</u></b>	<b><u>BTO ID</u></b>	<b><u>Class Date</u></b>	<b><u>Class Location/Former PD</u></b>

## **To Delete a BTO from your User ID List:**

If a BTO has left your PD, please provide the following information:

<b><u>BTO Name (First, MI, Last)</u></b>	<b><u>BTO ID</u></b>