



Department of Public Safety  
Mississippi Highway Safety Patrol



Implied Consent Branch

Application for Permit to Conduct Breath Analysis

*Note: All Fields Below Are Mandatory.*

### **Intoxilizer 9000™**

Complete Name: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Agency: \_\_\_\_\_

Minimum Standards No: \_\_\_\_\_

Badge Number: \_\_\_\_\_

Badge Expiration: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I CERTIFY THAT THE ABOVE NAME APPLICANT IS EMPLOYED BY THE ABOVE SAID DEPARTMENT AS A SWORN LAW ENFORCEMENT OFFICER AND IS CERTIFIED AS SUCH BY THE MINIMUM STANDARD OF THE STATE OF MISSISSIPPI.