

**DEPARTMENT OF PUBLIC SAFETY
MISSISSIPPI HIGHWAY SAFETY PATROL
IMPLIED CONSENT BRANCH**

APPLICATION FOR PERMIT TO CONDUCT BREATH ANALYSIS.

COMPLETE NAME: _____ SOCIAL SECURITY #: _____
U.S. CITIZEN: _____ MS. RESIDENT: _____
EMPLOYED BY: _____ PHONE NUMBER: _____
BUSINESS ADDRESS _____
COUNTY: _____ MS HWY PATROL DISTRICT NO: _____
JOB CLASSIFICATION _____
ARE YOU CERTIFIED BY MINIMUM STANDARDS AS A LAW ENFORCEMENT OFFICER. __
MINIMUM STANDARD NUMBER: _____
PERMIT RENEWAL: _____ NEW APPLICATION: _____
TRAINING REQUESTED ON INTOXILYZER MODEL 8000. _____
(PIN) PERSONAL IDENTIFICATION NUMBER: _____
PART TIME OR RESERVE: _____
BUI ONLY: _____
APPLICANTS 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.

SIGNATURE OF AGENCY HEAD: _____
DEPARTMENT: _____
DATE: _____.

Approved by: Mississippi Crime Laboratory & Commissioner of Public Safety

DPS/IP-11E (01/04)