FORENSIC LABORATORY
WEST VIRGINIA STATE POLICE

DESIGNATION OF INSTRUMENT / DEVICE FOR *SECONDARY* TESTING FOR INTOXICATION

Agency:_____

Address:_____

_____

Makes the following designation of a secondary chemical test:

1. Type of specimen to be tested: ❑ Breath ❑ Blood *

**** if the blood test is designated as the secondary test, West Virginia law requires the arresting officer to designate the breath test in lieu of the blood test.***

_____ _____

Date Signature of Chief Law Enforcement Officer and Title

****

The above designated instrument / device is hereby approved as meeting the requirement for designation to rules relating to chemical tests for intoxication, 64CSR10, promulgated pursuant to West Virginia Code, Chapter 17C, Article 5, Section 8, by the Bureau for Public Health.

2. Name of Instrument / Device: _____

_____ _____

Date Signature of Chief Law Enforcement Official

_____ _____

Date Signature of Breath Alcohol Section Supervisor

Mail Completed Form To:
West Virginia State Police Forensic Laboratory
701 Jefferson Road
South Charleston, WV 25309
or
breathalcohol@wvsp.gov