FORENSIC LABORATORY
WEST VIRGINIA STATE POLICE

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

Agency: _____

Address:_____

_____

Name of Instrument / Device:_____

_____ _____

Date Signature of Chief Law Enforcement Official

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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 West Virginia State Police Forensic Laboratory.

_____ _____

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