



BREATH TEST INSTRUMENT SITE REGISTRATION

State Form 57707 (3 / 25)

INDIANA STATE DEPARTMENT OF TOXICOLOGY



INSTRUCTIONS

1. To apply for installation of a breath test instrument or update an evidentiary breath test instrument site registration, complete this form and e-mail it to isdtbto@isdt.in.gov.
2. After receipt of a completed Evidentiary Breath Test Instrument Site Registration for a new installation, ISDT will contact the applicant agency to schedule a site visit to evaluate security, power and network connections, and proper ventilation.
3. The host agency will be invoiced for the annual instrument maintenance and certification fee. The fee will be prorated if less than 12 months remain in the calendar year at the time of installation.

SECTION 1 – AGENCY INFORMATION

Agency Name

Agency Mailing Address

Agency City and ZIP Code

Physical Address of Breath Test Instrument Site

SECTION 2 – DESIGNATION OF AGENCY CONTACT

First and Last Name of Agency Contact

Title of Agency Contact

Designated Agency Contact Telephone Number

Designated Agency Contact E-Mail Address

SECTION 3 – SITE REQUIREMENTS

By submitting this Breath Test Instrument Site Registration, I affirm that the Agency named in Section 1 will:

Maintain a dedicated network connection for the instrument;

Notify ISDT by email to isdtbto@isdt.in.gov if the agency's network is updated or modified so as to conflict with the settings of the instrument's networking hardware device;

Maintain a secure area for the instrument and an environment that will not interfere with its good operating condition; and

Allow ISDT staff access to the instrument at the registered site.

Submitter First and Last Name

Submitter Agency Title

Submitter Telephone Number

Submitter E-Mail Address

Date