

Indiana State Department of Toxicology

Breath Test Instrument

Service Request

Date: _____

Agency: _____

County: _____

Contact Person: _____

Telephone Number: _____

Instrument Serial Number: _____

Request:

Submitted by: _____

Please email this request to dbors@isdt.in.gov, or you may fax it to 317-925-9430. This information will be relayed to an Inspector during ISDT business hours of Monday-Friday 8 AM to 4:30 PM.