



APPLICATION FOR ENROLLMENT — Basic Breath Examiner Specialist Training Program

Wisconsin Department of Transportation
SP4008 9/2024

An application must be submitted for each officer attending the program. Students must complete the entire course to be eligible for a permit. If you have questions, contact the Chemical Test Section at (608) 243-2946 or chemtest@dot.wi.gov.

APPLICANT INFORMATION *

Legal Name (Last, First, MI)	Does Applicant Hold Valid Class I or II Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Permit Number
Driver License Number	Issuing State	<i>Complete Shaded Area if no valid WisDOT Driver License</i>
Employing Agency	Home Address	City State Zip Code
Email Address	Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

** Applicants who have a disability and require a reasonable accommodation to successfully complete training must notify the Chemical Test Section upon submission of this application.*

TRAINING SCHEDULE

Date and Location- FIRST CHOICE	Date and Location - ALTERNATE	None <input type="checkbox"/>
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AGENCY INFORMATION

Agency/District Mailing Address	City	Zip Code	Telephone Number	Fax Number
Training Officer (Last, First, MI)	Training Officer Email	Telephone Number		
Chief or Administrative Officer (Last, First, MI)	Chief or Administrative Officer Email	Telephone Number		
Alternate Contact (Last, First, MI)	Alternate Contact Email	Title/Rank		

Applicant, training officer and agency contacts will be notified of application status by email. Detailed information about training session will be emailed to all parties approximately 2-3 weeks before session.

APPLICATION MUST BE SIGNED BEFORE APPLICANT WILL BE ENROLLED

X _____
Chief, Administrative Officer (or Designee) Signature

Date (m/d/yyyy)

SUBMIT COMPLETED APPLICATION

Email: chemtest@dot.wi.gov	Mail: Chemical Test Section 3502 Kinsman Blvd. Madison, WI 53704
Fax: (608) 243-2954	