**Acknowledgement of Responsibilities**

In consideration of the training and instruction to be given to me as a Breath Alcohol Technician and in the use of Evidential Breath Testing (EBT) instrument(s) including procedures for running calibration checks and performing calibrations (if applicable) on the **Alco-sensor IV w/Memory** (EBT), I hereby agree:

1. That I have studied the course materials diligently and to the best of my ability, I have completed all study assignments or course prerequisites as required.

2. That I attended all class sessions and completed all study assignments.

3. That I did my own work and did not obtain assistance from any other person except as permitted by my instructor.

4. That I have not been dishonest in any respect having to do with my training, the completion of tests, or other course requirements.

I understand that the above agreements are for the protection of not only Certified Training Solutions, Intoximeters, and my instructors, but also of the persons who may be the subjects of EBT procedures administered by me in the future. I understand that I have a responsibility to conduct all EBT procedures in a careful and prudent manner and in compliance with the Omnibus rules.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_\_\_\_

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Signature Print Name

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ID Number or Last 4 of SSN Company Address

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Date Of Class City, State, Zip

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Location of Class Phone Number

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Class City, State Fax Number

Brian Van Zutphen \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainer Name Email Address