

# Certificate of Completion

Awarded to

\_\_\_\_\_

*For successful completion of*

## **Breath Alcohol Technician (BAT) Training**

And successful completion of Device Proficiency Training  
as required by 49 CFR Part 40, Department of Transportation (DOT)  
For conducting DOT Alcohol Tests

*Proficient in the Use & Operation of EBT:* \_\_\_\_\_  
EBT Name

*Qualified Trainer Signature:*

*Awarded on* \_\_\_\_\_  
(Date)

Trainer Printed Name: \_\_\_\_\_

(Certificate Expires 5 years from the date above)

