

*Awarded To*

**Student name**

For successful completion of Device Proficiency Training as required by

49 CFR Part 40 and is qualified to conduct alcohol tests under Department of Transportation (DOT) Rules.

Device: **Alcovisor MARK V**

*Awarded on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Trainer’s signature below attests that the BAT completed all required components of training which conformed to DOT Federal requirements for breath alcohol technicians.

Certificate expires five (5) years from the date above

*Qualified Trainer Name: Type Trainer Name Trainer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Certificate of Completion**

**Breath Alcohol Technician**

**(BAT) Training**