## FORENSIC TESTS FOR ALCOHOL BRANCH DEPARTMENT OF HEALTH AND HUMAN SERVICES

## APPLICATION TO THE DIRECTOR FOR A PERMIT TO PERFORM CHEMICAL ANALYSIS OF A PERSON'S BREATH AND ATTESTATION OF GOOD CHARACTER <sup>1</sup> REQUIREMENT FOR THE PERMIT AND ENROLLMENT INTO THE ASSOCIATED FTA BRANCH COURSE

#### PLEASE TYPE OR PRINT INFORMATION BELOW:

NAME:LAST	F	FIRST	FULL MIDDLE NAME	
AGENCY:			TEL. NO:	
EMAIL:				
ADDRESS:				
HOUSE OR APT NO. AND STREET		CITY *********	ZIP COD	

The above applicant is employed by this law enforcement agency or a federal, state, county or municipal agency and will have the responsibility of administering chemical analysis to drivers charged with implied-consent offenses. I consider this individual to be of good character and a fit candidate to conduct chemical analysis of the breath and to testify on behalf of the State.

## APPROPRIATE SUPERVISOR / DESIGNATED REPRESENTATIVE PLEASE TYPE OR PRINT JOB TITLE AND NAME

# APPROPRIATE SUPERVISOR / DESIGNATED REPRESENTATIVESIGNATUREDATE

This form is required to complete the enrollment process. Please upload a completed form as an attachment to the student enrollment packet. An officer may not be confirmed for enrollment without this form. Failure to include this form before the enrollment closing date will require the applicant to reschedule for another course. Applicants are not required to consent to a criminal history record check. Contact the Forensic Tests for Alcohol Branch at FTATraining@dhhs.nc.gov for any questions.

DHHS Form 1015 (Revised 07/2020)

<sup>1</sup> Per NC Statute SUBCHAPTER 41B – INJURY CONTROL SECTION .0100 – GENERAL POLICIES SECTION .0300 - BREATH ALCOHOL TEST REGULATIONS 10A NCAC 41B .0301 APPLICATION FOR INITIAL PERMIT 10A NCAC 41B .0303 RENEWAL OF PERMIT 10A NCAC 41B .0304 CONDITIONS FOR RENEWAL OF PERMIT