



Division of Public Health, Licensure Unit
P.O. Box 94986, Lincoln, Nebraska 68509-4986
402-471-2117

ATTACHMENT 9

Application for Class B Permit

INFRARED ABSORPTION ANALYSIS

The undersigned applicant hereby makes application for a Class B permit to perform chemical tests to determine body fluid alcohol content as prescribed in 177 NAC 1 of the Nebraska DHHS and as set forth below.

1. Identify instrument:

- Intoxilyzer
- DataMaster
- Intoximeters

(Type or Print Name of Applicant – First/Middle/Last)

Name and Address of Agency:

Agency Name: _____

Agency Address: _____

Agency Phone #: _____

(Signed Name of Applicant)

(Date)