



# Breath Test Operator Renewal – 4 hours

## CWL – 0086      FDLE - 951

**Instructor:**

**John Donlon**

**Date(s):**

May 22, 2024

**Wednesday**

**Time:** 8am-12pm

**Location:**

**St. Augustine Campus  
2990 College Dr.  
St. Augustine, FL**

**Cost:**

No cost to officers in Region V

**Class Limit: 20 Students**

**Dress Code:**

Business Casual  
(NO Flip Flops, Jeans, Shorts,  
Tank tops, or T-shirts unless  
specified.)

**All questions should be directed  
to:**

**Jo-Ann Beal**

**(904) 808-7491**

[JOANNBEAL@SJRSTATE.EDU](mailto:JOANNBEAL@SJRSTATE.EDU)

**Brian Harrington**

**Instructor/Coordinator for**

**Career Development**

**904-808-7493**

[brianharrington@sjrstate.edu](mailto:brianharrington@sjrstate.edu)

The student will review the role of a breath test operator as it relates to obtaining and analyzing breath samples during the breath test and how to obtain and maintain a Breath Test Operator permit.

Students must pass a written end of course exam with a score of 80% or better.

**Deadline for Registration: May 6, 2024**

Officer's Name: \_\_\_\_\_

**(FULL NAME AS IT APPEARS IN ATMS)**

**DOB** \_\_\_\_ - \_\_\_\_ - \_\_\_\_      **SS# last 4** \_\_\_\_\_

Officer's Email Address:  
\_\_\_\_\_

Agency \_\_\_\_\_ Agency's Phone # \_\_\_\_\_

**The section below must be completed by the agency's,  
authorized training personnel.**

Sworn LEO \_\_\_\_\_

Sworn Corrections \_\_\_\_\_

Mandatory Retraining: \_\_\_\_\_

Civilian Employee \_\_\_\_\_

Authorization Signature \_\_\_\_\_

Printed Authorization Name: \_\_\_\_\_

Authorizing Person's Email:  
\_\_\_\_\_