

New York State Division of Criminal Justice Services
BREATH ANALYSIS INSTRUMENT INFORMATION

THIS FORM IS USED TO PROVIDE CONTACT INFORMATION TO THE DIVISION OF CRIMINAL JUSTICE SERVICES IN THE EVENT WE EXPERIENCE PROBLEMS WITH THE OPERATION OF, OR COMMUNICATION WITH, YOUR DATAMASTER INSTRUMENT. PLEASE COMPLETE THIS FORM AND RETURN IT TO THE ADDRESS BELOW.

SECTION I – AGENCY INFORMATION

Name of Agency		Today's Date	
Address		City, State, ZIP	
Contact Person		Contact Telephone	
Contact Telephone	Contact Facsimile	Contact Email	
Best Time to Contact			
Signature		Date	

SECTION II – INSTRUMENT INFORMATION

Instrument Serial Number		Instrument Telephone Number	
Instrument Owner		Simulator Serial Number	
Instrument Location - Address		City, State, ZIP	

Mailing Instructions

Mail or Fax completed forms to:

NYS Division of Criminal Justice Services
Office of Public Safety - Equipment Repair Center
4 Tower Place, 4th Floor
Albany, NY 12203-3702
(518) 485-7636 – Telephone
(518) 457-6869 – Facsimile