

LABORATORY REPORT

SECTION 1 — LABORATORY INFORMATION

TESTING LABORATORY

ADDRESS

TELEPHONE NUMBER(S)

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DEVICE NAME

MODEL NUMBER

DESCRIPTION OF DEVICE

SECTION 2 — CERTIFICATION

I certify that I am an authorized official for the laboratory identified above and that the device identified above has been tested in this laboratory and has been found to satisfy the requirements of the model specifications for breath alcohol ignition interlock devices as published in the Federal Register, Volume 78, Number 89, Wednesday, May 8, 2013 on pages 26849-26867. I further certify this laboratory performed all tests required in the regulations, that this laboratory was properly equipped to perform the required tests, that equipment used for the test was properly maintained, that personnel conducting the tests were fully trained to conduct such tests using the equipment, and that the reported results of these tests (attached) are accurate.

I further certify that I am an official records custodian of the above named laboratory, that the attached records and results were prepared at or near the time of laboratory testing by, or from information transmitted by, a person with knowledge of the testing results, that these records are kept in the course of the regularly conducted business of this laboratory, and that these records are true and accurate copies of the originals that are kept in the official files of this laboratory.

PRINTED NAME AND TITLE	SIGNATURE X	DATE
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DMV USE ONLY

LABORATORY VISITED <input type="checkbox"/> Yes <input type="checkbox"/> No	BY	DATE
INFORMATION VERIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No	VERIFIER	DATE