

Intoxilyzer 9000 Operator Permit

Permit number **40722** certifies

CHRISTINA MARIE SMITH

has met the AZ DPS requirements for issuance of this permit
for the operation of the Intoxilyzer 9000

First Issued: 20210331

Issued: 20210331

Expires: 20260331





Arizona Peace Officer Standards and Training Board PROGRAM COMPLIANCE CONFIRMATION

Instructions to Provider: Provider **MUST** ensure that each peace officer in attendance is provided with a copy of this completed form.

Instructions to Attendees: Once provided a copy of this form, it shall be the Officer's responsibility to complete the **VERIFICATION OF ATTENDANCE** section of the form and deliver the form to their respective agency for inclusion in their training file. **Do not send this form to AZPOST.** Arizona administrative rules require law enforcement agencies to maintain training records for any and all peace officers they employ. This form meets AZPOST requirements for such record

COURSE INFORMATION			
CONFIRMATION NUMBER	CONFIRMATION NUMBER ISSUE DATE	EXPIRATION DATE	DATE(S) OF TRAINING
LAB-1001.19	07/11/2019	07/11/2024	03/31/2021
COURSE / PROGRAM TITLE		LOCATION OF TRAINING	
Intoxilyzer 9000 Class I Operator Upgrade		DPS	
AGENCY SPONSORING TRAINING <input checked="" type="checkbox"/> Inner Agency Training		OUTSIDE PROVIDER OF TRAINING	HOURS
Arizona Department of Public Safety			4.0
TYPE <input checked="" type="checkbox"/> Continuing <input type="checkbox"/> Proficiency			
ATTESTMENT: This program as submitted meets the requirements of Arizona Administrative Code R13-4-111 and, therefore, may be used to satisfy the certification retention requirements for the hours of training specified above.			
VERIFICATION OF ATTENDANCE			
NAME OF PEACE OFFICER		AGENCY	BADGE / I.D. NUMBER
CHRISTINA SMITH		SCOTTSDALE PD	1507
CERTIFICATION			
The above-named peace officer has attended training as specified and successfully completed any required testing. The course followed the lesson plan and all requirements of R13-4-111 were met. All lesson plans and attendance rosters for this course are on file at the location listed below. They are available to AZPOST for audit.			
AZPOST / LAW ENFORCEMENT AGENCY		OUTSIDE PROVIDER / VENDOR	
PRIMARY INSTRUCTOR / FACILITATOR NAME (Printed)		NAME OF PROVIDER - INSTRUCTOR NAME (Printed)	
Robert Stephenson			
TRAINING SPONSORED BY		SIGNATURE OF PERSON WHO APPROVED VENDOR PROVIDED TRAINING	
<input type="checkbox"/> AZPOST <input checked="" type="checkbox"/> AGENCY			
LOCATION WHERE LESSON PLAN IS MAINTAINED (if not AZPOST)		LOCATION WHERE LESSON PLAN IS MAINTAINED (if not AZPOST)	
Arizona Department of Public Safety			
TRAVEL REIMBURSEMENT REQUEST			
<input type="checkbox"/> Preapproved AZPOST Travel Status Reimbursement Applicable			
# APPROVED		AZPOST INITIALS	
If reimbursement is requested, please forward a copy of this form to AZ POST along with documentation showing agency payment to the individual named above. <u>The request for reimbursement must be submitted within 60 days after completion of training.</u> I hereby certify that I am a duly authorized official of the claimant, that the claim is in all respects true, accurate, correct and has not heretofore been paid and is in accordance with state law and AZ POST rules. The individual identified on this program approval has attended this course of instruction as a sworn peace officer in the State of Arizona appointment by this agency. The agency has on file original documents covering records of employment, payrolls, receipts of travel, per diem, tuition and other expenses to substantiate this claim.			
REIMBURSEMENT AMOUNT	NAME / TITLE OF AUTHORIZED OFFICIAL (Print)		AGENCY