



**DESIGNATION OF INSTRUMENT / DEVICE FOR  
PRELIMINARY TESTING FOR INTOXICATION**

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Name of Instrument / Device: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chief Law Enforcement Official

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The above designated instrument / device is hereby approved as meeting the requirement for designation to rules relating to chemical tests for intoxication, 64CSR10, promulgated pursuant to West Virginia Code, Chapter 17C, Article 5, Section 8, by the Bureau for Public Health.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Office of Laboratory Services Director

Mail Completed Form To:  
Office of Laboratory Services  
167 11<sup>th</sup> Avenue  
South Charleston, WV 25303  
304-558-3530 extension 58904