



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

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

AGENCY: _____

ADDRESS: _____

Name of Instrument/Device:

Date

Signature of Chief Law Enforcement Official

The above designated instrument/device is hereby approved as meeting the requirement for designation according 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 11th Avenue
South Charleston, WV 25303
(304) 558-3530 Ext. 2109