

New York State Division of Criminal Justice Services
SIX TEST RECERTIFICATION / AFFIDAVIT OF PROFICIENCY EVALUATION FORM
 10 NYCRR 59

THIS FORM IS USED TO DOCUMENT AN OFFICER'S PROFICIENCY WITH AN AGENCY'S BREATH ANALYSIS INSTRUMENT FOR THE PURPOSE OF RECERTIFYING A BREATH ANALYSIS OPERATOR PERMIT. **PLEASE TYPE ALL FORMS.** FORMS PRESENTED FOR FILING MUST CONTAIN ORIGINAL SIGNATURES. ALTHOUGH THE BLANK FORM MAY BE DUPLICATED, PHOTOCOPIES OF COMPLETED FORMS, OR FORMS WITH PHOTOCOPIED SIGNATURES WILL NOT BE ACCEPTED.

Pursuant to §59.7 of Title 10 of the *Official Compilation of Codes, Rules, and Regulations of the State of New York* (10 NYCRR), every four years, an agency may submit written declaration that a breath analysis operator has performed six or more defendant breath tests during the preceding 24 months in satisfaction of the training and recertification requirements of 10 NYCRR 59.

SECTION I – OFFICER INFORMATION / AFFIRMATION (to be completed by permit holder)

Officer Name (as it appears on Breath Test Operator Permit)	Social Security #*	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Agency Name and Address			
Email Address (Required for certification)		Number of Defendant Tests (in previous 24 months)	
Date Proficiency Test Performed	Instrument Make and Model	Instrument Serial #	
<i>I, the above named police officer, did successfully complete a proficiency test using the above named instrument. The test was conducted on the above date pursuant to the provisions of Title 10 of the Official Compilation of Codes, Rules, and Regulations of the State of New York, Part 59.</i>			
Operator Signature		Permit#	Expiration Date

*Pursuant to the New York State Personal Privacy Protection Law, DCJS is authorized to collect personal identifying information as part of a public safety agency record. Personal identifying information on this form shall not be revealed, released, transferred, disseminated or otherwise communicated orally, in writing, or by electronic means other than to the registrant. Disclosure of personal identifying information is voluntary. Refusal to provide personal identifying information shall not result in the denial of any right, benefit, or privilege.

SECTION II – WITNESS (witness must possess a valid breath test operator permit)

Witness Name	Rank/Title	Agency
<i>I, the undersigned, witnessed the officer named in Section I successfully complete a proficiency test using the above named instrument. The test was conducted on the above date pursuant to the provisions of Title 10 of the Official Compilation of Codes, Rules, and Regulations of the State of New York, Part 59.</i>		
Operator Signature	Breath Test Operator Permit#	Expiration Date

SECTION III – SUPERVISOR AFFIRMATION

Supervisor Name (Please Print)	Rank/Title
Email Address (Optional for departmental record of certification)	
<i>I hereby certify that the officer named in Section I of this form has successfully completed a minimum of six defendant breath tests, as specified in Title 10 of the Official Compilation of Codes, Rules, and Regulations of the State of New York, Part 59. All defendant tests including the proficiency test were completed prior to the expiration date in Section I. I affirm under penalty of perjury that the statements made on this form are accurate and true.</i>	
Supervisor Signature	Date (date must precede expiration date in Section I)

Mailing Instructions

Mail completed forms to:

New York State Division of Criminal Justice Services, Office of Public Safety
 Alfred E. Smith State Office Building
 80 South Swan Street
 Albany, NY 12210
 (518) 457-4135

DCJS USE ONLY

Certification Date	Expiration Date	Date Processed	By	School Code
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