

NEW MEXICO
 DEPARTMENT OF
HEALTH
 TOXICOLOGY BUREAU
 Breath Alcohol
 Supply Order Form

Requester Full Name, Agency Name, Agency Address: 		ORDERING INSTRUCTIONS : Please fill out form completely and legibly.	
Requester Phone Number:		Email order form to: DOH-Breath-Alcohol@doh.nm.gov	
Requester Email Address:			

☐		IR 9000 Internal Printer Paper	Box of 5 rolls
☐		Simulator Connectors for the IR 9000	1 male, 1 female
☐		Intoxilyzer mouth pieces	Bag of 100
☐		.08 standard	Each
☐		.16 standard	Each
☐		Set of standards (1 each .08 & .16)	Set
☐		Log Book	Each
	Other		

Print form

Save as

To **MAIL** order form:
 NM Scientific Laboratory Division Attn:
 Breath Alcohol Section
 1101 Camino de Salud NE
 Albuquerque, NM 87102

Phone #: 505-383-9102