



Georgia Bureau of Investigation

Division of Forensic Sciences

Application for Breath Alcohol Analysis Permit

GBI Use Only

Approved

Rejected

Date: _____

Name: _____
(First) (MI) (Last)

Email Address: _____

Contact Number: (1) _____ (2) _____

FAX Number _____

Mailing Address: _____
(City) (ZIP)

Resident Address: _____
(City) (ZIP)

Agency/Employer Name: _____

Self-employed /Doing Business As: _____

Agency Mailing Address: _____

Date of Birth: _____ Place of Birth (city/state): _____

Signature: _____

By signing this application I affirm that I have never been convicted of a crime involving a moral turpitude. In consideration for receiving a permit to conduct chemical testing the undersigned, his or her heirs, and his or her representatives releases, remises, and forever discharges the Georgia Bureau of Investigation, the Department of Public Safety, the State of Georgia, and all associated personnel from all liability claims, demands, causes of action, and possible claims whatsoever arising out of or related to any loss, damage, or injury that may be sustained by persons or property, that may otherwise accrue in relation to any acts performed, related to, or associated with conducting chemical testing.