



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Division of Public Health, Licensure Unit
P.O. Box 94986, Lincoln, Nebraska 68509-4986
402-471-2115

ATTACHMENT 10

Application for Class C Permit

The undersigned applicant hereby makes application for a Class C permit to perform preliminary breath tests with breath testing instruments as prescribed in 177 NAC 1 using fuel cell analysis.

PERFORMANCE EVALUATION STUDY RESULTS as prescribed for Class C Permits in 177 NAC 1 of the **DHHS**. Record your audit sample results in the space provided below.

PERFORMANCE EVALUATION STUDY

Sample of Breath	Analyst Results	Target Value
1.		
2.		

Type or print Applicant's name

Date of Analysis

Name and Address of Agency

Agency Name:_____

Agency Address:_____

Agency Phone:_____

Applicant Signature

Date