



ARIZONA DEPARTMENT OF PUBLIC SAFETY
CRIMINAL JUSTICE SUPPORT DIVISION
INTOXILYZER SERVICE REQUEST

CR#

Repair

Preventative Maintenance

Date Submitted

Intoxilyzer Serial Number

Submitting Agency Name

Location of Equipment/Agency

Last Name

First Name

Badge

Cell or Primary Phone

Work Phone

Email

Other Equipment Sent:

Printer Used With 9000:

Gas Cylinder

Internal

Power Cord

External

Problem Description (if applicable) (please be specific)