





Trooper Kenton Iwaniec Memorial Foundation

206 U.P. Church Road  Ligonier, PA 15658  www.trooperiwaniec.org

Preliminary Breath Test Unit Application

(For Foundation use only)

DATE RECEIVED _____
DATE APPROVED _____
DATE ISSUED _____

TYPE ISSUED _____
PBT NUMBER _____
PHOTO NUMBER _____

-----APPLICANT PORTION-----

PART I: Please CHECK the following that best applies:

DRE ___ DUI Hard Hitter ___ PD ___ PSP STATION ___

PART II: Please complete the following information:

INDIVIDUAL'S NAME _____

Address _____

Phone Number _____

Cell Number _____

E-Mail Address _____

STATION/DEPARTMENT _____

Address _____

Troop _____ Station Number _____

Contact Person _____

Station's Phone Number _____

Contact's Cell Number _____

E-Mail Address _____

