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 _____

PART III: Please justify in written form why you are requesting a PBT donation, how it will be utilized positively in the removal of impaired drivers, and why you or your department should be considered a recipient.	
Applicant's Signature	Date
PART IV: Mail the completed applicat	ion to the following address:

Ken Iwaniec Trooper Kenton Iwaniec Memorial Foundation 206 U.P. Church Road Ligonier, PA 15658