





# Trooper Kenton Iwaniec Memorial Foundation

206 U.P. Church Road  Ligonier, PA 15658  [www.trooperiwaniec.org](http://www.trooperiwaniec.org)

## Preliminary Breath Test Unit Application

(For Foundation use only)

DATE RECEIVED \_\_\_\_\_ TYPE ISSUED \_\_\_\_\_  
DATE APPROVED \_\_\_\_\_ PBT NUMBER \_\_\_\_\_  
DATE ISSUED \_\_\_\_\_ 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County \_\_\_\_\_

Troop \_\_\_\_\_ Station Number \_\_\_\_\_

Contact Person \_\_\_\_\_

Station's Phone Number \_\_\_\_\_

Contact's Cell Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

