



DMT Subject Test Data Correction Form

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Use this form to request data entry changes needed due to typos or inaccurate information provided by the test subject.

Today's Date: _____ Test record Audit ID Number: _____

Person Requesting Change: _____

Optional, send corrected record to (fax or email): _____

***** Fill out only the lines that need data changed *****

INCORRECT DATA

CORRECT DATA

Subject's First Name	_____	_____
Subject's Middle Name	_____	_____
Subject's Last Name	_____	_____
Driver's License Number	_____	_____
State of Issue	_____	_____
Date of Birth	_____	_____
Subject's Height	_____	_____
Subject's Weight	_____	_____
Subject's Sex	_____	_____
Subject's Race	_____	_____
Operator's First Name	_____	_____
Operator's Last Name	_____	_____
Operator's Cert #	_____	_____
Operator's Department	_____	_____
Arresting Officer's First Name	_____	_____
Arresting Officer's Last Name	_____	_____
Arresting Department	_____	_____
Arresting Department ORI	_____	_____
County of Arrest	_____	_____
Type of Test	_____	_____
PBT Result	_____	_____
Time & Date of Stop	_____	_____
CN/ICR #	_____	_____
Commercial Vehicle	_____	_____
Observation Time	_____	_____
Observed By	_____	_____

Mail, e-mail, or Fax to:

BCA Breath Alcohol Calibration Laboratory, 1430 Maryland Ave E, St. Paul, MN 55106

bca.breathtest@state.mn.us Fax: (651) 793-2778