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[DATE]

**BY FAX ONLY**

Ms. Jennifer Duffy  
Department of Criminal Justice Services  
700 North 5th Street  
Richmond, VA 23219  
Fax: 804-786-6139

Re: My Client: \_\_\_\_\_  
Test Equipment No.: \_\_\_\_\_  
Test Conducted: [Date]  
Breath Technician: \_\_\_\_\_

To the Department of Criminal Justice Services:

Please send me documents on the following concerning the equipment and materials used to test my above-listed client's breath, as well as the documents concerning the qualifications of the breath technician.

Please provide me (1) all documents (starting one year before the date the test on my client was conducted) on the certification, calibration, and maintenance of the above-listed equipment and dry gas standard used in testing my client, and (2) a history of the performance of the above-listed equipment for a minimum four-week period before and two-week after the test was administered to my client. Please feel free to redact the names of the subjects other than my client who were tested using the equipment.

I will promptly reimburse your agency's reasonable photocopying administrative and mailing expenses, so long as it does not total over \$50. Thank you.

Sincerely,

Jonathan L. Katz

Enclosure (Certificate of Analysis)