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| **INSTRUCTIONS:** Pursuant to KAR 2:233, Section 2(2), this application will **not** be processed without the following:* Proof of insurance
* Valid vehicle registration

**Note:** Any applicant who has been diagnosed with a condition that results in diminished lung capacity should submit the Breath Alcohol Ignition Interlock Physician Statement, TC 94-176, along with this application. |
| **SECTION 1: APPLICANT INFORMATION** |
| **FULL LEGAL NAME** (*Print*)      | **EMAIL**      | **PHONE**       |
| **STREET ADDRESS**      | **CITY**      | **STATE**      | **ZIP**      |
| **MAILING ADDRESS** (*if different from street address*)      | **CITY**      | **STATE**      | **ZIP**      |
| **DRIVER LICENSE #**      | **DATE OF BIRTH** (*mm/dd/yyyy*)      |
| **SECTION 2: VEHICLE INFORMATION** |
| **VEHICLE # 1 OWNER** (*Provide proof of valid registration*.)      |
| **PLATE #**      | **VEHICLE IDENTIFICATION #**      | **YEAR**      | **MAKE**      | **MODEL**      |
| **VEHICLE # 2 OWNER** (*if applicable*) (*Provide proof of valid registration*.)      |
| **PLATE #**      | **VEHICLE IDENTIFICATION #**      | **YEAR**      | **MAKE**      | **MODEL**      |
| **INSURANCE COMPANY** (*Provide proof of insurance*.)      |
| **SECTION 3: REQUEST** |
| I hereby request authorization from the Kentucky Transportation Cabinet for an ignition interlock device.  |
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|  | **APPLICANT SIGNATURE** |  |  | **DATE** |  |  |  |  |  |  |  |
| **For KYTC Use Only** |
| **Case #:** |       |  | [ ]  **Approved** **[ ]  Denied** |  |  |  |  |  |  |  |
|  **Reason for Denial:** |       |  |
|  |       |  |       |  |       |  |
|  | **REVIEWER NAME** (*Print*) |  | **REVIEWER SIGNATURE** |  | **DATE** |  |
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