



KENTUCKY TRANSPORTATION CABINET
 Department of Vehicle Regulation
DIVISION OF DRIVER LICENSING

TC 94-178
 Rev. 08/2015
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CERTIFICATE OF REMOVAL FOR IGNITION INTERLOCK DEVICE

INSTRUCTIONS

This form shall be completed by the provider/installer upon removal of the Ignition Interlock Device.

This certificate and proof of insurance shall be taken to the Circuit Clerk's office in the applicant's county of residence for the issuance of an unrestricted license where applicable.

SECTION 1: DRIVER INFORMATION

FULL NAME *(Print.)*

MAILING ADDRESS

CITY	STATE	ZIP
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RESIDENTIAL STREET ADDRESS

CITY	STATE	ZIP
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DRIVER LICENSE #

PLATE #	VIN	YEAR	MAKE/MODEL
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SECTION 2: INSTALLER STATEMENT INFORMATION

NAME	PHONE
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STREET ADDRESS

CITY	STATE	ZIP
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SECTION 3: DEVICE PROVIDER INFORMATION

COMPANY NAME	PHONE
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ADDRESS	CITY	STATE	ZIP
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PO BOX <i>(if applicable)</i>	DEVICE MODEL #
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SECTION 4: SIGNATURE & DATE

PRINTED NAME <i>(individual removing device)</i>	SIGNATURE
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REMOVAL DATE	
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