

# KENTUCKY TRANSPORTATION CABINET Department of Vehicle Regulation DIVISION OF DRIVER LICENSING

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## KENTUCKY IGNITION INTERLOCK PROGRAM APPLICATION

### **INSTRUCTIONS:**

Pursuant to 601 KAR 2:233, Section 2(2) this application will **not** be processed without the following:

- Proof of Commonwealth of KY Insurance (insurance cards only)
- Current KY Vehicle Registration (NOT Title)

**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.

For KYTC	Use Only	<u>Z</u> Denied		
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zation from the Kentucky Transport	ation Cab	inet for an ignition ir	nterlock o	levice.
Provide proof of insurance.)				
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erent from street address)	CITY		STATE	ZIP
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EET ADDRESS CITY			STATE	ZIP
	DATE OF BIRTH (mm/dd/yyyy)		DRIVER LICENSE #	
T INFORMATION				
Ction, 2 Tioor, 200 Mero St., Frankioi	T KT 40022	., or email to <u>kiir wky.</u> ;	, or rax	10 844.333.7203.
	T INFORMATION  To instruct a street address of the proof of valid registration.  VEHICLE IDENTIFICATION # (VIN)  Provide proof of insurance.	T INFORMATION  DATE OF  CITY  Ferent from street address)  CITY  EMAIL  NFORMATION (If you are not the registered vide proof of valid registration.)  VEHICLE IDENTIFICATION # (VIN) YEAR  Provide proof of insurance.)	CITY  Ferent from street address)  CITY  EMAIL  NFORMATION (If you are not the registered owner, the owner moder in the proof of valid registration.)  VEHICLE IDENTIFICATION # (VIN) YEAR MAKE  Provide proof of insurance.)	T INFORMATION  DATE OF BIRTH (mm/dd/yyyy) DRIVER  CITY STATE  Ferent from street address) CITY STATE  EMAIL  NFORMATION (If you are not the registered owner, the owner must comparide proof of valid registration.)  VEHICLE IDENTIFICATION # (VIN) YEAR MAKE MC  Publicable, provide proof of valid registration.)  VEHICLE IDENTIFICATION # (VIN) YEAR MAKE MC



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### KENTUCKY IGNITION INTERLOCK PROGRAM APPLICATION

#### VEHICLE OWNER'S CONSENT TO INSTALLATION OF AN IGNITION INTERLOCK DEVICE

\*IF THE VEHICLE IS LEASED, THE APPLICANT MUST HAVE CONSENT FROM THE LEASING COMPANY\*

THIS PAGE <u>MUST BE COMPLETED</u> IF THE VEHICLE(S) IS/ARE NOT REGISTERED IN THE NAME OF THE KENTUCKY IGNITION INTERLOCK PROGRAM (KIIP) APPLICANT.

#### SECTION 4: REGISTERED VEHICLE OWNER INFORMATION & CERTIFICATION

I, the undersigned, do hereby swear or affirm that:

- I am the registered owner or lessee of the vehicle(s) described below
- I consent to the use of the vehicle by the applicant, identified below and on page 1 of this application, for their participation in the Kentucky Ignition Interlock Program (KIIP)
- I consent to the installation of an ignition interlock device on the vehicle identified below and on page 1 of this application
- In the event the applicant leaves the program, I will bring the vehicle to the service provider for the removal of the device within 5 (five) business days of their being terminated from the program

## FULL LEGAL NAME OF APPLICANT VEHICLE # 1 OWNER **PLATE** # (*Vehicle* # 1) VEHICLE IDENTIFICATION # (VIN) YEAR MAKE MODEL VEHICLE # 2 OWNER (if applicable) VEHICLE IDENTIFICATION # (VIN) MODEL **PLATE** # (*Vehicle* # 2) YEAR MAKE STREET ADDRESS CITY STATE ZIP PRINTED NAME OF REGISTERED OWNER **REGISTERED OWNER SIGNATURE** DATE Subscribed and sworn before me this day of , 20 PRINTED NAME OF NOTARY **NOTARY SIGNATURE** My commission expires: \_\_\_\_/ \_\_\_/ \_\_\_\_/ \_\_\_\_\_\_/ My commission # is: