



DATE _____

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 MUST BE COMPLETED 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)

PLATE # (Vehicle # 2)	VEHICLE IDENTIFICATION # (VIN)	YEAR	MAKE	MODEL

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 # is: _____

My commission expires: _____ / _____ / _____
MM DD YYYY