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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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | |  |  |  | | | |  | | |  | |  |  |  |  |  | | | |  | | **APPLICANT SIGNATURE** | | | | | | | | |  |  | **DATE** | | | |  | | |  | |  |  |  |  |  | | | | **For KYTC Use Only** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Case #:** | | |  | | | |  | | **Approved**  **Denied** | | | | | | | |  | | |  | |  |  |  |  |  | | | | **Reason for Denial:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | | | | |  | |  | | | | | | | |  | | |  | | | | | | | |  | | |  | **REVIEWER NAME** (*Print*) | | | | |  | | **REVIEWER SIGNATURE** | | | | | | | |  | | | **DATE** | | | | | | | |  | | |  |  | | | | |  | |  | | | | | | | |  | | |  | | | | | | | |  | | |