



KENTUCKY TRANSPORTATION CABINET
 Department of Vehicle Regulation
DIVISION OF DRIVER LICENSING

TC 94-175
 Rev. 08/2015
 Page 1 of 1

IGNITION INTERLOCK APPLICATION

INSTRUCTIONS

This application will not be processed without the following:

- Payment by cashier's check or money order
- Court order authorizing the application
- 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 TC 94-176 form, *Breath Alcohol Ignition Interlock Physician Statement*, with the TC 94-175, *Ignition Interlock Application*.

SECTION 1: APPLICANT INFORMATION

FULL NAME *(Print.)*

MAILING ADDRESS

CITY	STATE	ZIP
-------------	--------------	------------

RESIDENTIAL STREET ADDRESS

CITY	STATE	ZIP
-------------	--------------	------------

DRIVER LICENSE #	DOB <i>(mm/dd/yyyy)</i>	PHONE <i>(cell)</i>	PHONE <i>(other)</i>
-------------------------	--------------------------------	----------------------------	-----------------------------

SECTION 2: VEHICLE INFORMATION

VEHICLE #1 OWNER *(Provide proof of valid registration.)*

PLATE #	VIN	YEAR	MAKE/MODEL
----------------	------------	-------------	-------------------

VEHICLE #2 OWNER *(if applicable)(Provide proof of valid registration.)*

PLATE #	VIN	YEAR	MAKE/MODEL
----------------	------------	-------------	-------------------

INSURANCE COMPANY *(Provide proof of insurance.)*

I hereby request authorization from the Kentucky Transportation Cabinet for an Ignition Interlock Device.

SIGNATURE	DATE
------------------	-------------

FOR OFFICIAL USE ONLY *(to be completed by the Division of Driver Licensing)*

CASE #	DATE OF ORDER
---------------	----------------------