



**IGNITION INTERLOCK REMOVAL REQUEST**

**INSTRUCTIONS:** Pursuant to 601 KAR 2:232, a participant in the Kentucky Ignition Interlock Program (KIIP) may request one opportunity to temporarily suspend day-for-day credit. A participant shall make the request to the Division of Driver Licensing using this application. The participant shall complete the entire application and be specific. Failure to complete the form shall result in automatic denial of the participant's request. The Commissioner of the Department of Vehicle Regulation shall notify the participant of the decision to grant or deny the temporary suspension of day-for-day credit in writing within thirty (30) days of the participant's request. Once the ignition interlock has been removed, credit towards the compliance of the incentive program will stop. Credit towards the compliance of the incentive program will resume ONLY when the Kentucky Transportation Cabinet (KYTC) receives and approves a completed TC 94-177 form, *Certificate of Installation for Ignition Interlock Device*.

To have the ignition interlock device installed in another vehicle, reapply to KIIP using the *Kentucky Ignition Interlock Program Application*, TC 94-175.

**Return the completed form along with any necessary documentation to the Kentucky Transportation Cabinet, Department of Vehicle Regulation, Division of Driver Licensing, 200 Mero Street, 2<sup>nd</sup> Floor, Frankfort, Kentucky 40622.**

**SECTION 1: APPLICANT INFORMATION**

FULL LEGAL NAME <i>(Print)</i>		EMAIL	PHONE	
STREET ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS <i>(if different from street address)</i>		CITY	STATE	ZIP
DRIVER LICENSE #		DATE OF BIRTH <i>(mm/dd/yyyy)</i>		

**SECTION 2: REQUEST DETAILS**

Reason for Removal: *(Be specific.)*

Length of Time Requested: *(Be specific.)*

**SECTION 2: VEHICLE INFORMATION**

**VEHICLE # 1 REGISTERED OWNER** *(Ignition interlock is to be **removed** from this vehicle.)*

PLATE #	STATE	VEHICLE IDENTIFICATION #	YEAR	MAKE	MODEL
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**VEHICLE # 2 REGISTERED OWNER** *(Ignition interlock is to be **installed** on this vehicle.)*

PLATE #	STATE	VEHICLE IDENTIFICATION #	YEAR	MAKE	MODEL
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INSURANCE COMPANY NAME <i>(Provide proof of insurance.)</i>	POLICY #	PHONE #
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**SECTION 3: AUTHORIZATION REQUEST**

*I hereby request authorization from KYTC to remove the ignition interlock device from my vehicle and/or have it installed in the listed Vehicle #2 named above.*

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APPLICANT SIGNATURE

DATE

**KYTC USE ONLY**

_____	_____	_____	_____
CASE #	CLERK PRINTED NAME	CLERK SIGNATURE	APPROVAL DATE