



**KENTUCKY IGNITION INTERLOCK PROGRAM
 EMPLOYER WORK EXEMPTION APPLICATION**

SECTION 1: COMPANY INFORMATION

NAME	EMAIL	PHONE
ADDRESS	CITY	STATE

SECTION 2: EMPLOYER STATEMENT

INSTRUCTIONS TO EMPLOYER: *This statement shall be **completed and notarized** as part of the Applicant's request to install an ignition interlock device and obtain a work exemption.*

I, _____ attest that _____ is an employee of the
 Employer Name (Print) Employee Name (Print)

company named above and acknowledge the following:

- A requirement of his or her employment is the operation of an employer-provided motor vehicle or motorcycle. I certify that the vehicle to be used by the employee is NOT owned, titled, registered, or insured by the employee.
- I am aware of the suspension or revocation of the employee's operator's license due to a charge or conviction resulting from or relating to driving under the influence.
- I am aware of the employee's request to the Kentucky Transportation Cabinet that he or she be allowed to install an ignition interlock device (IID) on a vehicle(s) registered to him or her, either jointly or individually, and I certify that that vehicle is not owned, titled, registered, or insured by the employee's employer.
- I am aware of the employee's request for a **work exception**. If granted by the Kentucky Transportation Cabinet, I understand that the employee will be permitted to operate an employer-provided motor vehicle or motorcycle which is not equipped with an IID **for work purposes only and only during work hours**.

Further, I **certify that:** (Check all that apply.)

- I have supervisory capacity over the employee/I am the owner of the company/I am the employer of the employee
- The employee's employer is the owner of the vehicle(s) that will be used by the employee listed below.
- The company named above employs the employee listed below.
- I have answered these questions to the best of my ability and, to the best of my knowledge, everything contained herein is true and accurate.

Employer shall provide days and times employer's vehicle will be in use by the listed employee and notify the Cabinet when the schedule changes. If a flexible schedule, indicate general schedule and explain why the schedule is flexible.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

I certify that: (Select one.)

- I certify that the above is the employee's work schedule and it is fixed. I agree that I will notify the Cabinet of schedule changes.
- I certify that the above is the employee's general work schedule, but due to the reason(s) listed below, the employee has a flexible schedule that is regularly communicated to and approved by me or someone else in the company.

Reason(s) for schedule flexibility: _____

Employer Signature: _____ **Date:** _____

State: _____ County: _____ Subscribed and sworn to me this _____ day of _____, 20 _____.

Notary Public Signature: _____ My commission #: _____ Expires: _____



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INSTRUCTIONS TO APPLICANT:

If the Kentucky Transportation Cabinet (Cabinet) authorizes you to apply for an ignition interlock license, you **shall** complete the Cabinet's TC 94-175 form, *Kentucky Ignition Interlock Program Application*, and submit it to the Cabinet. The Cabinet may, pursuant to KRS 186.440 and 601 KAR 2:232, Section 2, refuse approval of an ignition interlock license should your driving history reveal a current withdrawal, denial, suspension, cancellation, or revocation of driving privilege in any state/licensing jurisdiction. If you are indigent, you may complete the TC 94-188 form, *Kentucky Ignition Interlock Program Affordability Application*.

SECTION 3: EMPLOYEE/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 4: EMPLOYEE/APPLICANT STATEMENT

I, _____, am aware that, in order to be approved for the Employer Work Exemption,
Employee/Applicant Name

I must provide proof of installation on a personal vehicle AND my license must have been issued with the Ignition Interlock restriction. I am also aware that, by being granted the Employer Work Exemption, **I will NOT receive day-for-day credit on the days the employer's exemption is utilized** pursuant to KRS 189A.340 (5)c.

I certify that:

- I am **NOT** the owner of the vehicle(s) that I am using in the capacity of my job.
- I **DO** work for the company listed above and utilize an employer owned vehicle as part of the scope of my employment.

Upon the cabinet's approval of the Employer Work Exemption, I agree and understand that this form MUST accompany me while operating my employer's vehicle.

 Employee/Applicant Signature

 Date

KYTC USE ONLY:

Approved Declined

 Reviewer Printed Name

 Reviewer Signature

 Date

This application is not valid unless stamped and signed.