

KENTUCKY TRANSPORTATION CABINET Department of Vehicle Regulation DIVISION OF DRIVER LICENSING

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IGNITION INTERLOCK CERTIFICATE OF INSTALLATION

INSTRUCTIONS:

- This form shall be completed by the service provider's technician upon installation of the Ignition Interlock Device.
- This certificate shall be taken to an appropriate issuance location for the issuance of the ignition interlock license.

SECTION 1: DRIVE	R INFORMATION					
FULL LEGAL NAME (Print)		EMAIL		PHONE		
STREET ADDRESS MAILING ADDRESS (if different from street address)		CITY		STATE ZIP	STATE ZIP	
				STATE ZIP		
DRIVER LICENSE #		DATE OF BIRTH (mm/dd/yyyy)				
SECTION 2: VEHIC	LE INFORMATION					
Vehicle 1:						
PLATE #	VIN#	YEAR	MAKE	MODEL		
Vehicle 2:						
PLATE #	VIN#	YEAR	MAKE	MODEL		
SECTION 3: DEVIC	E PROVIDER INFORMATION	I				
COMPANY NAME		EMAIL		PHONE		
STREET ADDRESS		СІТУ		STATE ZIP		
MAILING ADDRESS (if different from street address)		CITY		STATE ZIP		
DEVICE MODEL#						
Vehicle # 1:	Vehicle # 2:					
SECTION 4: SERVI	CE PROVIDER INFORMATION					
COMPANY NAME		EMAIL		PHONE		
STREET ADDRESS		СІТУ		STATE ZIP		
SECTION 5: TECHN	IICIAN SIGNATURE & DATE	l				
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