



### 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: DRIVER 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: VEHICLE INFORMATION****Vehicle 1:**

PLATE #	VIN #	YEAR	MAKE	MODEL
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**Vehicle 2:**

PLATE #	VIN #	YEAR	MAKE	MODEL
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**SECTION 3: DEVICE PROVIDER INFORMATION**

COMPANY NAME		EMAIL	PHONE	
STREET ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS ( <i>if different from street address</i> )		CITY	STATE	ZIP
DEVICE MODEL #				
Vehicle # 1: _____ Vehicle # 2: _____				

**SECTION 4: SERVICE PROVIDER INFORMATION**

COMPANY NAME		EMAIL	PHONE	
STREET ADDRESS		CITY	STATE	ZIP

**SECTION 5: TECHNICIAN SIGNATURE & DATE**

_____	_____	_____
INSTALLATION TECHNICIAN NAME ( <i>Print</i> )	INSTALLATION TECHNICIAN SIGNATURE	INSTALLATION DATE