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| **INSTRUCTIONS:** 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 participant will be notified 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 or switched to another vehicle, 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 94-194 form, *Ignition Interlock Certificate of Installation*.**To reapply for the KIIP, email the following items to** **KIIP@ky.gov****: [1] completed *Kentucky Ignition Interlock Program Application* (TC 94-175), [2] proof of Kentucky insurance, [3] proof of Kentucky registration, [4] notarized letter (if applicable)****Alternatively, return the items listed above to the Kentucky Transportation Cabinet, Department of Vehicle Regulation, Division of Driver Licensing, 200 Mero Street, 2nd Floor, Frankfort, Kentucky 40622.**  |

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| **SECTION 1: APPLICANT INFORMATION** |
| **FULL LEGAL NAME** (*Print*)      | **EMAIL**      | **PHONE**       |
| **STREET ADDRESS**      | **CITY**      | **STATE**      | **ZIP**      |
| **MAILING ADDRESS** (*if different from street address*)      | **CITY**      | **STATE**      | **ZIP**      |
| **DRIVER LICENSE #**      | **DATE OF BIRTH** (*mm/dd/yyyy*)      |
| **SECTION 2: REQUEST DETAILS** |

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| **Reason for Removal:** (*Be specific.*)      |
| **Length of Time Requested:** (*Be specific.*)      |

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| **SECTION 2: VEHICLE INFORMATION** |
| **VEHICLE # 1 REGISTERED OWNER** (*Ignition interlock is to be* ***removed*** *from this vehicle.)*      |
| **PLATE #**      | **STATE**      | **VEHICLE IDENTIFICATION #**      | **YEAR**      | **MAKE**      | **MODEL**      |
| **VEHICLE # 2 REGISTERED OWNER** (*Ignition interlock is to be* ***installed*** *on this vehicle.)*      |
| **PLATE #**      | **STATE**      | **VEHICLE IDENTIFICATION #**      | **YEAR**      | **MAKE**      | **MODEL**      |
| **INSURANCE COMPANY NAME** (*Provide proof of insurance*.)      | **POLICY #**      | **PHONE #**      |
| **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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| **KYTC USE ONLY** |
|  |       |  |       |  |       |  |  |       |  |
|  | **CASE #** |  | **CLERK PRINTED NAME** |  | **CLERK SIGNATURE** |  |  | **APPROVAL DATE** |  |
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