



KENTUCKY TRANSPORTATION CABINET
 Department of Vehicle Regulation
DIVISION OF DRIVER LICENSING

TC 94-196
 Rev. 06/2022
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IGNITION INTERLOCK REMOVAL REQUEST/VEHICLE SWITCH REQUEST

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.

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 (*Provide proof of insurance.*)

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.

_____ APPLICANT SIGNATURE _____ DATE _____

KYTC USE ONLY

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