

IGNITION INTERLOCK DEVICE REMOVAL/VEHICLE OR PROVIDER SWITCH REQUEST

INSTRUCTIONS: A participant in the Kentucky Ignition Interlock Program (KIIP) may request an 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 application 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 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 OR a provider work order*.

Return this completed form and required supporting documents to the Kentucky Transportation Cabinet, Department of Vehicle Regulation, Division of Driver Licensing, 200 Mero Street, 2nd Floor, Frankfort, Kentucky 40622, or email items to KIIP@ky.gov, or fax items to 844.535.7209. If KYTC does not receive a completed TC 94-194 form or provider work order within 14 days of the approval of this form, your license will be suspended, and you must reapply for KIIP by submitting a completed TC 94-175 form and the required supporting documents.

SECTION 1: APPLICANT INFORMATION

FULL LEGAL NAME <i>(Print)</i>		DATE OF BIRTH <i>(mm/dd/yyyy)</i>		DRIVER LICENSE #	
STREET ADDRESS		CITY		STATE	ZIP
MAILING ADDRESS		CITY		STATE	ZIP
PHONE #		EMAIL			

SECTION 2: REQUEST DETAILS REMOVAL ONLY VEHICLE SWITCH PROVIDER SWITCH

REASON FOR REMOVAL <i>(Be specific.)</i>	LENGTH OF TIME REQUESTED <i>(Be specific.)</i>
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SECTION 3: VEHICLE INFORMATION

VEHICLE # 1 REGISTERED OWNER *(Ignition interlock is to be removed from this vehicle.)*

PLATE #	STATE	VEHICLE IDENTIFICATION # (VIN)	YEAR	MAKE	MODEL
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VEHICLE # 2 REGISTERED OWNER *(Ignition interlock is to be installed on this vehicle.)*

PLATE #	STATE	VEHICLE IDENTIFICATION # (VIN)	YEAR	MAKE	MODEL
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INSURANCE COMPANY NAME <i>(Provide proof of insurance.)</i>	POLICY #	PHONE #
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SECTION 4: PROVIDER SWITCH *(Complete this section only if switching to a different ignition interlock provider.)*

Current Provider Name:	Client/ Customer Account #:
New Provider Name:	New Client/ Customer Account #:

SECTION 5: AUTHORIZATION REQUEST

I hereby request KYTC authorization to remove the ignition interlock device from Vehicle # 1 and/or have it installed in Vehicle #2 named in Section 2 above. If Vehicle #2 information is not provided, this form serves as a removal request ONLY.

_____	_____		
APPLICANT SIGNATURE	DATE		
KYTC USE ONLY			
_____	_____	_____	_____
CASE #	REVIEWED BY <i>(Print.)</i>	REVIEWER SIGNATURE	DATE