



Ignition Interlock Participation Agreement

DEPARTMENT OF MOTOR VEHICLES
Agency of Transportation

120 State Street
Montpelier, Vermont 05603-0001
802.828.2061
Toll Free: 888-99-VERMONT
TTD: 711

dmv.vermont.gov

Name:		
Last	First	Middle
License Number		License issued in
		<input type="checkbox"/> Vermont <input type="checkbox"/> Other:

Address Where You Get Your Mail (mailing address) - Include Street Number and Name (If PO or Private Box, also fill in "Address Where You Live" below)

	City or Town	State	Zip Code
--	--------------	-------	----------

Address of Residence (physical address) - This address will be printed on your license

	City or Town	State	Zip Code
--	--------------	-------	----------

Social Security Number:	Date of Birth (MM/DD/YYYY):	Place of Birth (City, State & Country):

The disclosure of your social security or federal identification number is mandatory, is solicited by the authority granted by 42 U.S.C. § §405(c)(2)(C) and/or 666(a)(13) and will be used by the Department of Motor Vehicles in the administration of motor vehicle, tax and child support laws, to identify individuals affected by such laws.

Phone	Email

Certification

I understand this Agreement shall include my commitment to fulfill the program requirements, which shall include completing the program **in its entirety**, for the required length of time. If I choose to participate in the program by installing an IID, I will not remove the IID from my vehicle until I have fulfilled the terms of restoration described in this Agreement.

I understand I must have an Ignition Interlock Device (IID) in each vehicle I operate during the entire time I am subject to the requirements of an Ignition Interlock Device Restricted Driver's License (RDL).

I understand if I remove the IID from my vehicle before I am eligible to do so, I will be suspended until I have an IID re-installed in my vehicle. I understand the suspension will have a ten (10) day lead time and the suspension will be mailed to me. The time that I am under suspension will **not** count towards the required length of time I need the IID and the violation will result in an extension of my IID requirements.

I understand the device must be calibrated (or swapped out, if applicable) in accordance with Vermont Ignition Interlock Laws and the Ignition Interlock Program Rules.

I understand that any violation of the terms outlined in the Vermont Ignition Interlock Laws and the Ignition Interlock Program, may result in sanctions being imposed.

I have reviewed, and understand, the Vermont Ignition Interlock Program Frequently Asked Questions.

I fully understand I am entering into an agreement with the Vermont Department of Motor Vehicles, for which I agree I will abide by the Vermont Ignition Interlock Laws, and the Ignition Interlock Program Rules.

Violations / Extensions

I understand the following violations will result in an extension of my IID requirements: If you make **three (3)** attempts to **start** a vehicle with a BAC of .04 or above, your IID requirements will be extended for a period of three (3) months.

- ♦ Any **subsequent** 3 attempts to start a vehicle with a BAC of .04 or above, will result in additional three (3) month extensions which will run consecutively (following one after the other).
 - **Example:** If your IID requirements were to end on January 1, 2016; but you made 3 attempts to start a vehicle with a BAC of .04 or above, your IID requirements would have been extended until April 1, 2016. If you make another 3 attempts to start a vehicle with a BAC of .04 or above, your IID requirements will be extended another 3 months; until July 1, 2016.
1. If you fail **one (1) random retest** due to a **BAC of .04 or above, but less than .08**, your IID requirements will be extended for a period of three (3) months.
 - ♦ Any **subsequent** random retest failures due to a BAC of .04 or above, but less than .08, will result in additional three (3) month extensions which will run consecutively (following one after the other).
 - **Example:** If your IID requirements were to end on January 1, 2016; but you failed a random retest due to a BAC of .04 or above, but less than .08, your IID requirements would have been extended until April 1, 2016. If you fail another random retest due to a BAC of .04 or above, but less than .08, your IID requirements will be extended another 3 months; until July 1, 2016.
 2. If you fail **one (1) random retest** due to a **BAC of .08 or above**, your IID requirements will be extended for a period of six (6) months.
 - ♦ Any **subsequent** random retest failures due to a BAC of .08 or above will result in additional six (6) month extensions which will run consecutively (following one after the other).
 - **Example:** If your IID requirements were to end on January 1, 2016; but you failed a random retest due to a BAC of .08 or above, your IID requirements would have been extended until July 1, 2016. If you fail another random retest due to a BAC of .08 or above, your IID requirements will be extended another 6 months; until January 1, 2017.
 3. If you (a) operate a motor vehicle not equipped with an IID, or (b) attempt to tamper with or circumvent the device, or (c) failure to pullover after failing a random retest; your IID requirements will be extended for a period of six (6) months.
 4. If you miss a required service visit to have the IID calibrated, your IID requirements will be extended for a period of sixty (60) days.

License Restoration

I agree to the terms of restoration of a non-IID restricted Driver's License as follows:

◆ **For Driving Under the Influence offenses:**

- ◆ If this was your 1st offense: Operate under the terms and requirements of an RDL for 90 days, as well as completion of CRASH, etc.
- ◆ If this was your 2nd offense: Operate under the terms and requirements of an RDL for 18 months, as well as completion of CRASH, etc.
- ◆ If this was your 3rd or subsequent offense: Operate under the terms and requirements of an RDL for 3 years, **plus** prove Total Abstinence (see below).

■ **For applicants under 21 suspended under 23 V.S.A. § 1216:**

- ◆ If this was your 1st offense: Operate under the terms and requirements of an RDL for 6 months, as well as completion of CRASH, etc.
- ◆ If this was your 2nd or subsequent offense: Operate under the terms and requirements of an RDL for 1 months or until reaching the age of 21, whichever is longer; as well as completion of CRASH, etc.

◆ **For Refusal to Consent to Breath Test offenses:**

- ◆ If this was your 1st offense: Operate under the terms and requirements of an RDL for 6 months, as well as completion of CRASH, etc.
- ◆ If this was your 2nd offense: Operate under the terms and requirements of an RDL for 18 months, as well as completion of CRASH, etc.
- ◆ If this was your 3rd or subsequent offense: Operate under the terms and requirements of an RDL for 3 years, **plus** prove Total Abstinence (see below).

◆ **For applicants under the age of 21:**

- ◆ If this was your 1st offense: Operate under the terms and requirements of an RDL for 6 months, as well as completion of CRASH, etc.
- ◆ If this was your 2nd or subsequent offense: Operate under the terms and requirements of an RDL for 18 months or until reaching the age of 21, whichever is longer; as well as completion of CRASH, etc.

◆ **For Total Abstinence applicants:**

- If you apply for reinstatement through the Total Abstinence program, you will be required to either:
 1. Operate under the terms of an RDL during your three (3) years of abstinence, or
 2. Operate under the terms of an RDL for one (1) year after having proved three (3) years of abstinence.
- If you regained your Driver's License under the Total Abstinence program, but were subsequently found to have consumed **any amount of alcohol**, you will be required to have an IID in your vehicle **permanently**.



Ignition Interlock Participation Agreement

DEPARTMENT OF MOTOR VEHICLES
Agency of Transportation

dmv.vermont.gov

120 State Street
Montpelier, Vermont 05603-0001
802.828.2061
Toll Free: 888-99-VERMONT
TTD: 711

Agreement of Terms

I agree that the State of Vermont, its representatives and employees are not liable for any result of property damage and/or injury or death to persons which arise, directly or indirectly, during the use of an IID. I understand that any false information provided may result in the termination of my participation in the Ignition Interlock Program. My signature on this Agreement signifies that I have read, understand and agree with this Agreement in its entirety.

Signature of Applicant **Date Signed**

Notarization

State of Vermont, _____ County, ss

On this _____ day of _____ 20 _____ personally appeared

_____, and acknowledged this Agreement, by

him/her signed and sealed to be his/her free act and deed.

Before me _____

Notary Public

My commission expires _____, 20 _____

Notary Seal