

To change the relevant State and Federal databases to reflect a status of "Eligible", so you may obtain/apply for a license in your new home state, one of the requirements is to have your home state complete and return this form, to the Vermont Department of Motor Vehicles (see address below), indicating they will restrict your license to operating only those vehicles equipped with an Ignition Interlock Device, and will require you to complete any alcohol rehabilitation or treatment requirements in their jurisdiction.

**THIS SECTION TO BE COMPLETED BY THE APPLICANT**

Name: Last		First		Middle	
Mailing Address (Street, Road or PO Box):		City:		State: Zip:	
Social Security Number:			Date of Birth (MM/DD/YYYY):		
<small>The disclosure of your social security or federal identification number is mandatory, is solicited by the authority granted by 42 USC §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.</small>					
Vermont Driver License / ID Number (if known):			Expiration Date of Vermont License / ID (if known):		
Phone Number:			Email Address:		

**THIS SECTION TO BE COMPLETED BY THE LICENSE ISSUING JURISDICTION**

This shall serve as notice that your jurisdiction will do the following:

- ◆ Restrict the license of the above named applicant to operating only those vehicles equipped with an Ignition Interlock Device, and
- ◆ Will require the above named applicant to complete any alcohol rehabilitation or treatment requirements in your jurisdiction.

Signature of Authorized Agent		Title of Authorized Agent	
Printed Name of Authorized Agent		Date Signed	

Mail the completed form to:  Vermont Department of Motor Vehicles ATTN: RDL Unit 120 State Street Montpelier, Vermont 05603-0001	Name of State / Licensing Jurisdiction
	Address of State / Licensing Jurisdiction