

Please complete the following information to apply for the certification of an ignition interlock device for use in Vermont.

- Notes:**
- All devices for which you are seeking certification must be equipped with a camera.
 - A separate application must be completed for each device you wish to certify.

Name of Manufacturer			
Device Name		Device Model Number	
Manufacturer's Point of Contact			
Name:			
Phone:		Email:	
Mailing Address	City	State	Zip
Device Features (Check all that apply)			
<input type="checkbox"/> Meets or exceeds the most recently published " <i>Model Specifications for Breath Alcohol Ignition Interlock Devices</i> " established by the National Highway Traffic Safety Administration.			
<input type="checkbox"/> Utilizes electrochemical (fuel cell) technology as the method of detecting the presence of alcohol.			
<input type="checkbox"/> Indicates by audible or visual means when a sufficient breath sample has been collected and indicates the result by a pass/fail signal.			
<input type="checkbox"/> Is able to be adjusted to permit operation with as little as 1.0 liter of breath per blow.			
<input type="checkbox"/> Prevents a driver from starting the vehicle when a breath test detects a BAC of 0.02 or greater.			
<input type="checkbox"/> Prevents a driver from starting the vehicle when a driver fails to appear for service within the 5 day warning period.			
<input checked="" type="checkbox"/> Performs "Rolling Retests" with the following conditions:			
<input type="checkbox"/> Requires the driver to submit to a random retest within a variable interval ranging from 5 to 15 minutes after a driver has passed an initial breath test and started the vehicle.			
<input type="checkbox"/> Emits an audible or visual warning to alert the driver of the retest and allows 10 minutes to take the random retest. If the driver fails to retest within 10 minutes, or the device detects a BAC of 0.02 or greater, the horn will sound repeatedly and the headlights shall flash until the vehicle is turned off.			
<input type="checkbox"/> Once the vehicle is turned off, the device will not allow the driver to restart the vehicle within 3 minutes without taking an initial breath test.			
<input type="checkbox"/> If the vehicle is turned off or accidentally stalls, after or during the warning of an impending random retest, but before the driver takes the random retest, the device must prevent the driver from starting the vehicle without taking an initial breath test.			

<input type="checkbox"/> Programmed to allow a maximum of 3 attempts to provide a breath sample on a retest within a 10 minute period, and that the device shall enter a temporary lockout for a period of 30 minutes if the user fails to provide a sample within the 10 minute period or fails a retest.
<input type="checkbox"/> Records data in its memory in such a manner that data cannot be erased and a hard copy can be printed.
<input type="checkbox"/> Data recorder has a backup system to protect the security of all recorded data in the event the power supply to the device is interrupted or the sample head is disengaged or disconnected.
<input type="checkbox"/> Has ability to transfer the unaltered data electronically. <input checked="" type="checkbox"/> Records and stores the following information: <ul style="list-style-type: none"> <input type="checkbox"/> Date and time of any use or attempted use of a vehicle. <input type="checkbox"/> Date and time of any attempt to tamper, circumvent or bypass the device. <input type="checkbox"/> Date, time and alcohol concentration, in grams per 210 liters, of each breath sample provided to the device. <input type="checkbox"/> Date and time of any malfunctions of the device. <input type="checkbox"/> Date and time of any failures to provide retest samples. <input type="checkbox"/> Date and time a "service required" message is issued to the customer by the device.
<input type="checkbox"/> Signals the driver when ready for acceptance of a breath sample.
<input type="checkbox"/> Signals the driver 7 days prior to a scheduled service date, followed by a warning to obtain service within 5 days after the scheduled service date.
<input checked="" type="checkbox"/> Will place the vehicle in a permanent lockout state, if any of the following conditions occur: <ul style="list-style-type: none"> <input type="checkbox"/> Detects tampering, circumvention or bypass attempts. <input type="checkbox"/> The user fails to provide a breath sample during 3 consecutive retest periods. <input type="checkbox"/> Scheduled service date is missed and the five (5) day grace period has expired. <input type="checkbox"/> Service is not obtained within 5 days of the service reminder.
<input checked="" type="checkbox"/> Has adequate electronic anti-tampering features which includes: <ul style="list-style-type: none"> <input type="checkbox"/> Retains its tamper detection capabilities when disconnected from the vehicle's power supply, or record that it was disconnected. <input type="checkbox"/> Retains its data memory when disconnected from the vehicle's power supply. <input type="checkbox"/> Activates a visual and audible indicator when it detects a condition that would be considered tampering. <input type="checkbox"/> A camera with the capability of capturing and retaining an image of the person providing the breath sample at each vehicle start and random retest. Such images shall be included in the reports required in Section 6 of the Ignition Interlock Program rules.
<input type="checkbox"/> Programmed to allow test free restarts in the case of engine stalls.
<input type="checkbox"/> Other Feature – Specify:

Fee Structure For This Device

- \$ Installation Fee
- \$ Monthly Fee
- \$ Scheduled Service Visit Fee
- \$ Violations Service Visit Fee
- \$ Removal Fee
- \$ Shipping Fee
- \$ Other Fee – Specify:

Comments

Place any other descriptive comments about this device here. Attach additional sheets if necessary.

Required Documents:

1. A copy of the agreement between the manufacturer and installer.
 Attached Will be provided to DMV on (date): _____
2. A copy of the standard agreement between the installer/manufacturer and the driver of the vehicle in which the device is installed.
 Attached Will be provided to DMV on (date): _____
3. The toll free telephone number which the manufacturer provides the public to contact authorized installers.
 Attached Will be provided to DMV on (date): _____
4. Name, address, telephone number and e-mail address of the state coordinator designated by you to act on behalf of, or represent you in all matters regarding IID's in Vermont.
 Attached Will be provided to DMV on (date): _____
5. A detailed description, including a photograph, drawing or other graphic depiction of the device.
 Attached Will be provided to DMV on (date): _____

6. Document containing complete written instructions provided to authorized installers for installation, operation, service, repair and removal of the device.
 Attached Will be provided to DMV on (date): _____

7. Document containing the complete written instructions provided to participants and other operators of a vehicle equipped with the device.
 Attached Will be provided to DMV on (date): _____

8. **Complete and up-to-date** list of authorized installers (including name, business address, phone number, contact person and hours of operation).
 Attached Will be provided to DMV on (date): _____

9. Hours of operation of mobile service centers, if applicable.
 Attached Will be provided to DMV on (date): _____

I, the manufacturer, hereby indemnify and hold harmless the state of Vermont and the Commissioner and his or her officers, employees and agents from all claims, demands and actions as a result of damage or injury to persons or property which may arise, directly or indirectly, out of any act or omission by the manufacturer relating to the installation, service, repair, use and removal of a device. The statements and warrants made herein are certified under the penalties of 23 VSA §202.

Signature of Authorized Representative	Date Signed

Printed Name of Authorized Representative	Title