

As proof of installation of a camera-equipped ignition interlock device (IID), this certification form must be completed by the installer of the IID. The IID must be from a manufacturer who is certified to provide ignition interlock device services in Vermont.

This certification, along with (if applicable to you) the *Project CRASH Certification of Enrollment in an Alcohol and Driving Education Program* (form number VL-81), must be submitted to this Department with your *Application for Ignition Interlock Device Restricted Driver's License* (form number VL-80).

➔ **Note:** This form is used for the following 3 purposes:

- (1) **Initial** Ignition Interlock Device Restricted Driver's License (RDL) applications (not RDL renewals); **OR**
- (2) If you are changing to a different ignition interlock provider; **OR**
- (3) If you are changing vehicles. For example: You have bought a new vehicle, or your vehicle was wrecked, and you are removing the device from your current vehicle, to install in your new vehicle.

THIS SECTION TO BE COMPLETED BY THE APPLICANT				
Please check the appropriate box:	<input type="checkbox"/> I am applying for my initial Ignition Interlock Device Restricted Driver's License.			
	<input type="checkbox"/> I am changing to a different ignition interlock provider.	<input type="checkbox"/> I am changing vehicles.		
Name:	Last	First	Middle	
Mailing Address (Street, Road or PO Box):		City:	State:	Zip:
Residential Address (If different than above):		City:	State:	Zip:
Date of Birth (MM/DD/YYYY):		Place of Birth (City, State & Country):		
Gender:	Eye Color:	Height:	Weight:	Phone Number:
Email Address:				
Vermont Driver License Number (if known):			Expiration Date of Current License (if known):	

I CERTIFY my signature on this form is certification the information on this application is true and both the signature and photo are those belonging to said applicant. The statements and warrants made herein are certified under penalties of 23 VSA §202. By signing this application, I also certify I will not operate any vehicle which is not equipped with an alcohol ignition interlock device during the time I am operating under the terms of an ignition interlock restricted driver license, and such device must be maintained and serviced every 30 days in accordance with DMV regulations.

Waiver: I understand the data collected on the ignition interlock device will be forwarded and used by the Department of Corrections and Project CRASH to monitor and assess my progress, treatment requirements, probation, and for any other reasons deemed necessary. I also understand that I am responsible for all the costs associated with an ignition interlock device.

Signature of Applicant:	Date Signed:
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THIS SECTION TO BE COMPLETED BY THE IGNITION INTERLOCK DEVICE INSTALLER

Name of Installation Center/Business:	Phone Number of Installation Center/Business:	
Address of Installation Center/Business (Street / Road):	City: State: Zip:	
Name of Manufacturer	Make (Name) and Model of the Installed Ignition Interlock Device	Date of Installation:
VIN of Vehicle on Which the Interlock Device Was Installed:		Plate Number of Vehicle:
I certify I have installed an Ignition Interlock Device in the vehicle whose VIN and plate number are indicated above, and that the GPS capabilities are operational.		
Signature of Installer		Date Signed: