

**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):		
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.					
Vermont Driver License / ID Number (if known):			Expiration Date of Vermont License / ID (if known):		
Phone Number:		Email Address:			

The below named person has applied for reinstatement of their license/privilege to operate a motor vehicle through Vermont's Total Abstinence Program set forth in [23 V.S.A. §1209a\(b\)](#). Pursuant to [23 V.S.A. §1209a\(b\)\(6\)](#) the Vermont Commissioner of Motor Vehicles has elected to not conduct an investigation and forward this notice to you, the jurisdiction of residence of the applicant.

Vermont does not object to your jurisdiction issuing this applicant a license under the condition this applicant satisfies your jurisdiction's Ignition Interlock Program as well as your jurisdiction's alcohol treatment requirements.

Upon receipt of this completed form, Vermont will reinstate the person's privilege to operate and their license status will be reflected as "eligible" in order for your jurisdiction to issue a license. If you have any questions, please contact the Vermont DMV Ignition Interlock Unit at (802) 828-2061.

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

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

- Require that you install an Ignition Interlock Device (IID) if permanent status in Vermont.

Name of State/Licensing Jurisdiction		Address of State / Licensing Jurisdiction		Title of Authorized Agent	
Signature of Authorized Agent		Printed Name of Authorized Agent		Date Signed	
Telephone number of official completing form			Email address of official completing form		

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