



CERTIFICATE AFFIRMING REMOVAL OF AN IGNITION INTERLOCK DEVICE

OFFENDER INFORMATION

Form with fields: OFFENDER NAME, PHONE NUMBER, DRIVER LICENSE NUMBER / STATE, STREET ADDRESS, CITY, STATE, ZIP

SERVICE CENTER REMOVING DEVICE INFORMATION

Form with fields: LOCATION NAME, STREET ADDRESS, CITY, STATE, ZIP

DEVICE INFORMATION

Form with fields: MANUFACTURER, SERIAL NUMBER

VEHICLE INFORMATION (Use a separate form for each vehicle)

Form with fields: OWNER, YEAR, MAKE, MODEL, VEHICLE IDENTIFICATION NUMBER (VIN), LICENSE PLATE NUMBER, ODOMETER READING, CAR INSURER

COURT INFORMATION

Form with fields: COURT NAME / MONITORING AGENCY, CASE NUMBER, PHONE NUMBER

REASON FOR REMOVAL

Form with checkboxes: Expiration of original IID term, Court Order / Authorization for early termination of original IID term, Customer Request, Other / Notes

By signature below, the offender acknowledges any unauthorized removal is an attempt to circumvent the requirements of an Ignition Interlock Device and will be promptly reported to the Court and the Bureau of Motor Vehicles.

Form with fields: PRINTED NAME OF TECHNICIAN REMOVING DEVICE, DATE, SIGNATURE OF OFFENDER, DATE

Questions can be directed to iidinstall@dps.ohio.gov.

DISPOSITION: 1. Original – retained by manufacturer 2. Copy – Customer 3. Copy - Service Center 4. Copy - provided to court authority by manufacturer.