



CERTIFICATE AFFIRMING INSTALLATION OF AN IGNITION INTERLOCK DEVICE

OFFENDER INFORMATION

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

INSTALLER INFORMATION

Form with fields: LOCATION NAME, STREET ADDRESS, CITY, STATE, ZIP, PRINTED NAME OF INSTALLER, SIGNATURE OF INSTALLER OBO MANUFACTURER (with X)

DEVICE INFORMATION

Form with fields: MANUFACTURER, TYPE OF DEVICE, SERIAL NUMBER

VEHICLE INFORMATION (Use a separate form for each vehicle)

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

COURT INFORMATION

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

MONITORING

Form with fields: DATE IID TO BE REMOVED, MONITORING CHECK INTERVAL (# OF DAYS)

By signature below, the offender acknowledges that any attempt to circumvent or tamper with the device is a criminal offense. The offender has been trained and understands how to use the device, and agrees to comply with all device monitoring checks.

Form with fields: SIGNATURE OF OFFENDER (with X), DATE

By signature below, the installer certifies, on behalf of the manufacturer, that the ignition interlock device has been properly installed on the vehicle, the device is in good working order, the offender has received instruction on how to properly use the device, that the device will be monitored as directed by the court monitoring agency or other law, and that all device violations will be promptly reported to the Court and the Bureau of Motor Vehicles. The installer shall provide the offender with this form and retain a copy for later inspection.

Form with fields: SIGNATURE OF INSTALLER OBO MANUFACTURER (with X), DATE

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