

**IGNITION INTERLOCK PROGRAM
SERVICE CENTER NETWORK CHANGE NOTICE**



In accordance with [Washington Administrative Code 204-50-120\(1\)\(d\)](#), interlock manufacturer,

- Draeger Guardian CST-Intoxalock LifeSafer
 Smart Start Simple _____

Hereby provides official written notice to the Washington State Department of Licensing (DOL) and the Washington State Patrol (WSP) within seven days of a change to the interlock service center network in Washington State.

_____ Service Center Name _____ WSP Cert. ID _____

Service center voluntarily ending interlock service.

Service center relocating* to: _____

*Any physical address change requires a new application and inspection by the WSP.

How many active interlock clients are affected by this change? _____

Does this change affect the seventy-five mile coverage area requirement? Yes No

Projected closing/relocation date _____

Interlock service technicians currently assigned at this location impacted by this change are:

Name (First, MI, Last)	WSP Cert. ID (ex. InteT0123)	Status (Voluntarily decertifying, Relocating to...)

*If more space is needed, attach additional sheets in the same format. Check if additional sheets are attached.

I certify (or declare) under penalty of perjury under the laws of the state of Washington, that the foregoing and all included documents are true and correct (RCW 9A. 72.085).

_____ Printed Name of Manufacturer Representative _____ Date _____

_____ Signature of Manufacturer Representative* _____ Location Signed (City, State) _____

*(Electronic signature is acceptable if name matches e-mail account)

A completed copy of this form must be emailed to interlock.applications@wsp.wa.gov within seven days of the projected change above. The WSP will then forward this form to the interlock program manager, regional interlock trooper, and DOL representatives on your behalf.