

**IGNITION INTERLOCK PROGRAM
VEHICLE SERVICE AFFIDAVIT**



This form must be completed by an automotive service technician(s) when a vehicle equipped with a Washington State certified ignition interlock device is serviced at a state-licensed automotive repair or service facility. The completed form must be turned in to the ignition interlock provider by the below-named restricted driver at the next service appointment.

Attach a copy of all invoices and/or receipts associated with this vehicle service.

Restricted Driver

First Name	Last Name	
Driver's License Number	Driver's License State	() Phone Number

Vehicle Information and Ignition Interlock Device Manufacturer

Vehicle License	State	Make	Model
Color	Year	Vehicle Identification Number (VIN)	
<input type="checkbox"/> Draeger	<input type="checkbox"/> Intoxalock	<input type="checkbox"/> LifeSafer	<input type="checkbox"/> Simple <input type="checkbox"/> Smart Start

Automotive Service Facility

Name of Facility	UBI, State Business License or Dealer Number		
City	State () Phone		
Date Vehicle Received	Time	Date Vehicle Released	Time

Automotive Service Technician(s)

Name of Technician(s) Performing the Work

Sworn Declaration (to be signed by automotive service technician only)

I declare the above-identified vehicle was serviced by the above-identified technician(s) during the time period indicated above. The service completed on this vehicle was done for the purpose of mechanical repair of the vehicle and the person subject to the interlock restriction did not operate the vehicle during this time period.

I declare under penalty of perjury under the law of Washington that the foregoing and the accompanying reports/copies of documents and the information contained therein are true and correct.

Print Name	Location Signed (City, County, State)
Signature	Date