

**IGNITION INTERLOCK PROGRAM
INTERLOCK INSTALLATION VERIFICATION**



This form must be completed at the initial installation of an interlock device in Washington State

- If the restricted driver has interlock devices installed in multiple vehicles or swapped between vehicles, this form must be completed for each separate vehicle. Page 2 of this form only needs to be completed once.
- The completed form shall be maintained on site at the service center and available to the Washington State Patrol (WSP) upon request. In accordance with [WAC 204-50-080\(9\)](#), this installation verification record must be maintained by the service center/manufacturer for a minimum of three years after the client's lease term has ended.

This section to be completed by the installing technician(s).

Interlock Restricted Driver

Restricted Driver's Name (Last, First, Middle Initial)	Date of Birth
Driver's License Number	State of Issuance

Vehicle Interlock Installed

License Plate	License State	Vehicle Color
Vehicle Year	Vehicle Make	Vehicle Model
Vehicle Identification Number (VIN)		

Interlock Technician(s)

I declare that a WSP certified ignition interlock technician properly completed the installation of a certified ignition interlock device into the above-described vehicle for the restricted driver listed above. The restricted driver was provided training on how to properly operate the ignition interlock device, I answered any questions they had or directed them to the proper authority, and I witnessed the restricted driver complete page two of this document.

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Training Technician-Signature	Printed Name	WSP Certification Number
Same <input type="checkbox"/>		
Installation Technician-Signature	Printed Name	WSP Certification Number

Service Center WSP Certification Number	Date of Interlock Installation/Training
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***Page 2 shall be completed only by the above-identified restricted driver
and shall be witnessed by the above-identified technician(s).***

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By my initials beside each statement below, I _____, declare the following:

Initial here **Device Training:** I have received training and instructions relating to the operation of the ignition interlock device(s) assigned to me. I have also watched the Washington State Patrol (WSP) Ignition Interlock Training video in its entirety. This training video is posted on the WSP website (wsp.wa.gov/interlock) under "Informational Videos" and available to watch again at any time. I have received instruction regarding the interlock device features, I understand how the device operates, and I have practiced providing samples before leaving the service center.

Initial here **Distractions Driving:** Using an ignition interlock device while the vehicle is in motion may distract the user from driving safely and may be a violation of local or state distracted driving traffic laws. When the interlock device requests a random retest after the vehicle has been started, I will be provided a several minute window to provide a breath sample. I acknowledge being instructed to safely pull off the roadway and come to a stop prior to providing any breath sample.

Initial here **Requirements for Removal:** If an interlock device is required, or is later required, as a result of a deferred prosecution or conviction of a DUI or related charge, the interlock restriction will remain in effect until the Washington State Department of Licensing (DOL) receives a declaration from my interlock vendor certifying that none of the following incidents have occurred within the one hundred eighty (180) consecutive days prior to the date of release:

1. Any attempt to start the vehicle with a breath alcohol concentration of 0.04 or more unless a subsequent test performed within ten minutes registers a breath alcohol concentration lower than 0.04 and the digital image confirms the same restricted driver provided both samples;
2. Failure to pass any random test unless a review of the digital image confirms that the vehicle was not occupied by the restricted driver at the time of the missed test;
3. Failure to pass any random retest with a breath alcohol concentration of 0.02 or lower unless a subsequent test performed within ten minutes registers a breath alcohol concentration lower than 0.02, and the digital image confirms the same restricted driver provided both samples;
4. Failure of the restricted driver to make their vehicle available to the ignition interlock device vendor when required for maintenance, repair, calibration, monitoring, inspection, or replacement of the device;
5. Removal of the interlock device by a person other than an interlock technician certified by the WSP; or
6. The device was tampered with in the manner described in RCW 46.20.750 and outlined below.

Initial here **Early Removal:** I understand that the removal of any interlock device is my decision and an early removal may cause an extension of my interlock requirement and/or may result in a break in my 180-day compliance period. If my device is removed prior to the end date of my restriction, my interlock manufacturer will send a removal notification to DOL and DOL will send me a Notice of Suspension unless I have another interlock device installed within 45 days. I understand my interlock manufacturer is not responsible for any extension of my restriction and/or any resulting breaks in my 180-day compliance period as a result of early removal. To determine my removal date, I must visit dol.wa.gov or call DOL's Customer Service Center at (360) 902-3900.

Initial here **RCW 46.20.750 – Circumventing Ignition Interlock:** Only a WSP certified interlock technician is authorized to install, service, or uninstall an interlock device from my vehicle(s). Tampering with an ignition interlock device by modifying, detaching, disconnecting, or otherwise disabling the device by anyone other than a certified technician in the official performance of their duties is a crime. I understand if I allow, direct, authorize, or request another person to circumvent or tamper with an ignition interlock device in any manner, including blowing or otherwise exhaling into the device to allow me to operate the vehicle, both that person and I may be charged with a crime.

Initial here **Digital Camera and GPS Technology:** I understand ignition interlock devices in Washington State are equipped with a digital camera and a global positioning system (GPS). Digital images and GPS coordinates are stored at the time of each test sequence and are made available to the WSP for interlock circumvention and tampering investigations. I further understand that interfering or tampering with either the digital camera or GPS may be a crime.

Initial here **WSP Vehicle Service Affidavit Form:** A copy of this form was provided to me and I understand a completed copy of this form must be turned in to my interlock provider at my next service appointment. Additional copies of this form may be obtained at wsp.wa.gov/interlock or from my provider.

Initial here **Interlock Fees:** I have been provided with and reviewed a list of all costs and fees associated with the lease of an interlock device. I understand that Washington State requires DOL to collect a \$21 fee per device, per month, unless I have been declared indigent by DOL and the fee has been waived. I further understand the WSP requires a \$10 fee per device for installation and a \$5 monthly monitoring fee, which are not waivable. All other fees associated with the lease of an interlock device (other than local/state taxes) are at the discretion of the interlock manufacturer.

Initial here **Breath Samples:** I have been advised not to eat, drink, smoke, vape, or chew tobacco or gum just prior to or during any interlock test. If a test registers alcohol that I believe to be caused by a substance in my mouth or vehicle other than alcohol, I understand I must provide a passing test within ten (10) minutes, in front of the digital camera, or the original test will be considered an alcohol violation and may result in additional fees and/or extension to my license restriction period.

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Restricted Driver's Signature*

Location Signed (City, County, State)

Date

*A copy of this signed form must be provided to the above signer prior to leaving the service center.