

**IGNITION INTERLOCK PROGRAM
SERVICE CENTER CERTIFICATION APPLICATION**



Instructions for completing this application

Before you begin working on this application, please familiarize yourself with Washington Administrative Code (WAC) 204-50 and chapter 43.43 of the Revised Code of Washington (RCW) at these web addresses:

<http://apps.leg.wa.gov/wac/default.aspx?cite=204-50>

<http://apps.leg.wa.gov/rcw/default.aspx?cite=43.43.395>

If you are not able to obtain a copy of WAC 204-50 or RCW 43.43.395 from the above web sites, please contact the Washington State Patrol Ignition Interlock Program (IIP) and a copy will be provided for you.

Washington State Patrol Impaired Driving Section
Ignition Interlock Program
811 E Roanoke St.
Seattle, WA 98102
(206) 720-3018
wsp.wa.gov/interlock

Please submit the completed application through your respective state director or representative. They will direct it to the trooper responsible for your geographical region.

If you have not submitted all of the requested items, the IIP will contact your state director or representative regarding the missing items. Incomplete applications delay processing.

Upon completion of all necessary requirements for certification, the IIP will issue the applicant an Ignition Interlock Service Center Certification. This certification will be subject to an annual renewal and to all regulations of WAC 204-50.

A paper certificate with the effective date will be provided by IDS. It will be routed through your state director or representative to you.

IGNITION INTERLOCK PROGRAM SERVICE CENTER CERTIFICATION APPLICATION



- Draeger
 Intoxalock
 LifeSafer
 Smart Start
 Simple

Business Name _____

Physical Address _____

_____ City _____ ZIP _____

Mailing Address (if different from Physical Address) _____

_____ City _____ ZIP _____

County _____

Service Center Phone Number

() _____

Service Center Email Address _____

Service Center Web Site _____

Ignition Interlock Hours of Operation

Day	AM	PM	Closed
Sunday	_____	_____	<input type="checkbox"/>
Monday	_____	_____	<input type="checkbox"/>
Tuesday	_____	_____	<input type="checkbox"/>
Wednesday	_____	_____	<input type="checkbox"/>
Thursday	_____	_____	<input type="checkbox"/>
Friday	_____	_____	<input type="checkbox"/>
Saturday	_____	_____	<input type="checkbox"/>

Attach the Following Items to this Application

- Copy of business license
- Copy of business insurance
- Written statement from Washington State certified interlock manufacturer(s) authorizing the service of their device(s)
- List of all fees that may be charged to the lessee
- [WSP Service Center Pre-Inspection Checklist](#)
(May be submitted separate from this application but must be received prior to inspection)

Do not write below this line. For WSP use only.

Approved Denied

_____ Service Center Certification Number

Reviewed By _____

_____ Date

