

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



As required by [Washington Administrative Code 204-50-120\(1\)\(d\)](#), written notification is being provided to the Washington State Patrol (WSP) of the following service center network change in Washington State by interlock manufacturer Draeger Intoxalock LifeSafer Simple Smart Start

_____ Service Center Name _____ WSP Cert. ID _____ Effective Date _____

The service center is voluntarily surrendering its WSP certification and ending interlock service.

OR

The service center is relocating* to: _____
*Any physical address change requires a new application and inspection by the WSP.

Interlock service technicians currently assigned to this service center who will be 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.

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

Does this change impact the seventy-five mile coverage area requirement in [WAC 204-50-120\(1\)\(b\)](#)?
 Yes No

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

_____ 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 e-mailed to interlock.applications@wsp.wa.gov within seven days of the above-described change.