

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 a interlock service center network change in Washington State.

Service Center Name

WSP Cert. ID

Effective Date

Active interlock clients impacted by this change: _____

Seventy-five mile coverage area requirement in [WAC 204-50-120\(1\)\(b\)](#) maintained? Yes No

Below signed interlock manufacturer acknowledges:

1. Changes to the service center do not modify the service center's certification expiration date;
2. Continued sponsorship is implied (except when service center is surrendering certification); and
3. At the discretion of the WSP, a routine inspection may be required prior to continuing interlock related services.

Service Center Network Change (check all that apply)

Location is voluntarily surrendering its WSP certification and ending interlock service for manufacturer².

Hours of operation for ignition interlock related services have changed³.

Service center will now be utilizing a wet bath simulator for calibration.

Mobile service network change²⁴:

Starting mobile service

Modifying mobile service (adding/removing technicians or vehicles)

Ending mobile service

Service center is relocating to¹²: _____

A change of ownership has occurred at this service center¹².

Service center has changed names. The new name is¹²: _____

¹A copy of the updated business license and insurance must be attached to this form.

²All certified technicians assigned to this service center and their updated status must be listed on page 2 of this form.

³Any change to the hours of operation for this service center must be listed on page 2 of this form.

⁴Any change to vehicles used for mobile service must be listed on page 2 of this form.

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. Only include page 2 if changes are made on that page.

