

**IGNITION INTERLOCK PROGRAM
VEHICLE SERVICE AFFIDAVIT**



This form shall be completed when a vehicle equipped with a certified ignition interlock device is serviced at a state-licensed automotive repair or service facility.

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

Restricted Driver

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

Vehicle and Ignition Interlock Device Manufacturer

Vehicle License	State	Make	Model	Color
<input type="checkbox"/> Intoxalock	<input type="checkbox"/> Draeger	<input type="checkbox"/> Guardian	<input type="checkbox"/> LifeSafer	<input type="checkbox"/> Smart Start
<input type="checkbox"/> Other _____				

Automotive Service Facility

Name of Facility	UBI, State Business License or Dealer Number		
City	() State Phone		
Date Service Started	Time	Date Service Complete	Time

Automotive Service Technician

Name of Technician Performing the Work

Sworn Statements

I certify this vehicle was serviced by the listed technician during the timeline indicated above.

I certify (declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct ([RCW 9A.72.085](#)).

Print Name	Location
Signature	Date