

**IGNITION INTERLOCK PROGRAM
APPLICATION FOR IGNITION INTERLOCK
DEVICE CERTIFICATION**



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), Ignition Interlock Breath Alcohol Devices. The following are the Access Washington web addresses for chapter 204-50 WAC and chapter 43.43 of the RCW:

<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 chapter 204-50 WAC or chapter 43.43 of the RCW from the above web sites, please contact the Washington State Patrol Impaired Driving Section (see below) and a copy will be provided for you.

For information pertaining to any portion of this application, please contact the Impaired Driving Section using the information provided below:

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

The costs of mailing, shipping, or physically delivering this application to the Impaired Driving Section (IDS) shall be the responsibility of the applicant. Incomplete submissions will not be considered. If you have not submitted all of the requested items, the IDS will contact you regarding the missing items. If the IDS does not receive the missing items within 20 days of the date requested, your application will be returned and certification denied.

If the ignition interlock device is approved for certification, the IDS will issue the Ignition Interlock Device Certification Letter, valid for the period of three years from the date of certification. This letter of certification will be subject to review by the IDS at its discretion during the course of the certification period.

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Initial Ignition Interlock Device Certification Renewal of Ignition Interlock Device Certification

Manufacturer of Ignition Interlock Device to be Certified

Legal Name of Ignition Interlock Device (IID) Manufacturer

Physical Address of the IID Manufacturer

Mailing Address of the IID Manufacturer

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Phone Number

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Fax Number

E-Mail Address

Manufacturer Representative

The IID manufacturer employee designated to act on behalf of and/or represent the manufacturer in all matters relating to the certification of the ignition interlock device in Washington State.

Full Name

Title

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Phone Number

E-Mail Address

Manufacturer Liaison

The IID manufacturer employee designated to act as the liaison between the manufacturer and the Impaired Driving Section in all matters relating to distributors, vendors, service centers, and technicians.

Full Name

Title

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Phone Number

E-Mail Address

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Ignition Interlock Device Certification

The undersigned hereby requests certification by the Washington State Patrol Impaired Driving Section (IDS) of the following interlock device:

Manufacturer Name

Model Number

Version

By my initials beside each statement, I, _____,
Manufacturer Representative

Certify on behalf of the ignition interlock device manufacturer that:

_____ All aspects of the Revised Code of Washington (RCW) 43.43.395 and Washington Administrative Code (WAC) 204-50 are understood and compliance will be maintained at all times and is a condition of IID certification.

_____ The manufacturer and its employees will cooperate with the IDS at all times, including its inspection of the manufacturer's installation, service, repair, calibration, use, removal, or performance of the ignition interlock device.

_____ The manufacturer agrees to provide all downloaded ignition interlock device data, reports, and information related to the ignition interlock device to the IDS in an approved electronic format.

_____ The manufacturer, vendor, and/or ignition interlock technician agrees to provide testimony relating to any aspect of the installation, service, repair, calibration, use, removal, or performance of the ignition interlock device at no cost of the state of Washington or any other political subdivision.

_____ An ignition interlock device certification is valid for three years from the date of certification and such certification is subject to review at the discretion of the IDS during the course of the certification period.

_____ The ignition interlock device will be maintained in accordance with the rules and standards adopted by the Washington State Patrol and meet or exceed the minimum test standards according to the rules adopted by the Washington State Patrol.

_____ All IID's used in Washington State will function with camera or facial recognition technology approved by the IDS.

Signature of Manufacturer Representative

Date

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**International Organization of Standardization
Certified Laboratory Notarized Statement**

Ignition Interlock Device Manufacturer

Ignition Interlock Device Model Number

The _____, manufactured by

Ignition Interlock Make and Model Name

_____, was tested by _____.
Manufacturer Name Laboratory Name

The above-named laboratory is accredited by ISO for testing standards. The device tested met or exceeded all model specifications listed in the most current version (May 2014 effective date) of the Federal Register.

Name of Testing Laboratory

Full Name of Person in Charge of Testing

Signature of Laboratory Representative in Charge of Testing

Date Signed

Street Address of Laboratory

City

State

ZIP

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Phone Number

E-Mail Address

NOTARIZE ABOVE

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The following documentation must accompany this application. The information shall be completed and provided in a professional manner.

- The alcohol reference value and type of calibration device used to calibrate the IID.
- Outline of the IID calibration, installation, and removal procedures.
- The configuration profile of the IID in compliance with WAC 204-50.
- A service delivery plan which includes an 8.5" x 11" map of Washington State showing the area covered by each certified fixed site and/or mobile service center; the name, address, and telephone number of each service center.
- Outline of all anti-circumvention features to be used in association with the IID.
- A camera or facial recognition technology must be used in association with this IID. Outline the installation, data download, data storage, and removal procedures.
- Define how alcohol is analyzed by the IID fuel cell.
- A complete schedule of all fees that may be charged to a client and/or user.
- A copy of all reports produced by the independent laboratory and/or laboratories conducting the NHTSA testing of the IID.
- A copy of any operating instructions that may be provided to an IID user.
- Proof of insurance in compliance with chapter 204-50 WAC.
- A copy of any videos that may be used in training users and/or clients.
- Provide any links to any web sites associated with the IID or manufacturer either on a national or local level, including 24-hour access and log-in capabilities for IDS personnel.
- Provide the toll-free technical assistance telephone number in compliance with chapter 204-50 WAC.