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 from the above web sites, please contact the Washington State Patrol Ignition Interlock Program (see below) 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

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

If you have not submitted all of the requested items, the Impaired Driving Section (IDS) will contact your state director or representative regarding the missing items. Incomplete applications delay processing.

A background check must be submitted from each state the applicant has resided in for the past five years. Criminal histories can be obtained through the Washington State Patrol Criminal History Section web site:

http://watch.wsp.wa.gov or by calling (360) 534-2000

Please attach a copy of current state-issued identification or driver's license and a copy of its current status. Washington State driver's license status can be checked using the Department of Licensing's web site:

https://fortress.wa.gov/dol/dolprod/dsdDriverStatusDisplay/?checkstatus

Upon completion of all necessary requirements for certification, the IDS will issue the applicant an Ignition Interlock Technician Certification. This certification will be valid for one year from issuance and subject to all regulations of WAC 204-50. A paper certificate with the effective dates will be provided by IDS. It will be routed through your state director or representative to you.

To maintain certification, please submit a new Technician Application with current documentation thirty (30) days prior to the yearly expiration.

IGNITION INTERLOCK PROGRAM
TECHNICIAN APPLICATION

☐ Draeger ☐ Guardian ☐ CST-Intoxalock ☐ LifeSafer
☐ Smart Start ☐ Simple ☐ _____

Applicant's Previous Technician Number: _____ ☐ None

First Name _____ Middle Initial _____ Last Name _____

Date of Birth _____ Driver's License Number _____ State _____

Employer Name _____ City _____

Service Center Certification Number _____

Will you be working as a Mobile Service Technician? ☐ Yes ☐ No

If **YES**, a separate Mobile Service Center Certification Application will need to be submitted. The approval of this application **DOES NOT** certify you as a Mobile Service Technician.

Please attach the following documents:

Applicable states' criminal history report
Copy of current state-issued identification
Applicable state-issued identification proof of validity

I verify I have been a resident of the following state or states in the past five years (**please initial**):

_____ Washington _____ Other _____

Please initial your response to the questions below. Have you been convicted of:

Any alcohol-related offense within the last 3 years? Yes _____ Initial here No _____ Initial here
or

Driving Under the Influence two or more times in the last 5 years? Yes _____ Initial here No _____ Initial here
or

Any Class "A" felony or any "sex offense" as defined by RCW 9.94A.030? Yes _____ Initial here No _____ Initial here
or

Any Class "B" or "C" felony within the last 5 years? Yes _____ Initial here No _____ Initial here
or

Any gross misdemeanor within the last 3 years? Yes _____ Initial here No _____ Initial here
or

Any misdemeanor within the last year? Yes _____ Initial here No _____ Initial here
or

SWORN STATEMENTS

By my initials beside each statement, I, _____, certify the following:

_____ I have received a copy of, have read, and agree to comply with the requirements of WAC 204-50, the rules adopted by the state of Washington regarding breath alcohol ignition interlock devices.

_____ I understand that failure to comply with the requirements of WAC 204-50 shall be grounds for suspension or revocation of any certification issued to me by the IDS.

_____ I will provide expert or other required testimony in civil or criminal proceedings regarding the installation, removal, calibration, servicing, and/or interpretation of recorded device data.

_____ I will not reveal any personal and/or medical information provided by lessees to any person or public electronic network other than those avenues necessary in the scope of my official duties.

I certify, under penalty of perjury under the laws of the state of Washington, that the foregoing and all included documents are true and correct.

Print Name	Title
Signature	Date

Do not write below this line.

Valid Driver's License? ☐ Yes ☐ No Criminal history included? ☐ Yes ☐ No

☐ Approved ☐ Denied

Approval Date

Technician Certification Number	Issue Date
Reviewed By	