

**IGNITION INTERLOCK PROGRAM
SERVICE CENTER CERTIFICATION APPLICATION**



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.

Upon completion of all necessary requirements for certification, the IDS will issue the applicant an Ignition Interlock Service Center Certification. This certification will be subject to an annual renewal and to all regulations of WAC 204-50.

A paper certificate with the effective date will be provided by IDS. It will be routed through your state director or representative to you.

To maintain certification, current proof of insurance and applicable current business license or licenses must be submitted thirty (30) days prior to annual renewal date.

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- Draeger Guardian CST-Intoxalock LifeSafer
 Smart Start Simple _____

Business Name _____

Physical Address _____

City _____ ZIP Code _____

County _____ Local Phone Number _____

Does this physical location comply with all municipal and/or city zoning regulations for commercial businesses? Yes No

Does this service center provide a designated waiting area for the lessee that is separate from the installation area? Yes No

Are the following items attached?

Copy of Business License Yes No

Copy of Business Insurance Yes No

Written statement from Washington State certified manufacturer authorizing the service of their device Yes No

Written statement for data download procedures Yes No On File

List of all fees that may be charged to the lessee Yes No On File

Will this service center provide mobile service? Yes No

If **YES**, please submit a separate Mobile Service Center Certification Application.
Approval of this application **does not** certify the location to provide mobile service.

Projected opening date: _____

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Service center hours of operation for ignition interlock business:

Day	AM	PM	Closed
Sunday	_____	_____	<input type="checkbox"/>
Monday	_____	_____	<input type="checkbox"/>
Tuesday	_____	_____	<input type="checkbox"/>
Wednesday	_____	_____	<input type="checkbox"/>
Thursday	_____	_____	<input type="checkbox"/>
Friday	_____	_____	<input type="checkbox"/>
Saturday	_____	_____	<input type="checkbox"/>

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.

Approved Denied

Service Center Certification Number

_____	_____
Reviewed By	Date