

**IGNITION INTERLOCK PROGRAM
MOBILE 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 Mobile 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, please submit a new Mobile Service Center Certification Application with current proof of insurance thirty (30) days prior to the annual renewal date.

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- | | | | |
|--------------------------------------|-----------------------------------|---|------------------------------------|
| <input type="checkbox"/> Draeger | <input type="checkbox"/> Guardian | <input type="checkbox"/> CST-Intoxalock | <input type="checkbox"/> LifeSafer |
| <input type="checkbox"/> Smart Start | <input type="checkbox"/> Simple | <input type="checkbox"/> _____ | |

Overseeing Service Center Certification Number

Business Name

Physical Address

City

ZIP Code

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County

Local Phone Number

Are the following items attached?

Copy of current vehicle insurance for all listed vehicles Yes No

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

Will this mobile service center be working outside a 75-mile radius of the overseeing service center? Yes No

If **YES**, please provide a brief explanation below of why this service is needed and the counties in which this mobile service will be functioning:

Mobile Service Technicians

Name	Technician Certification Number

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Mobile Service Vehicle Information

License	State	Make	Model
Color	Insurance Company		Expiration Date
License	State	Make	Model
Color	Insurance Company		Expiration Date
License	State	Make	Model
Color	Insurance Company		Expiration Date

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

Approval Date	Issue Date
Reviewed By	