

**IGNITION INTERLOCK PROGRAM
TECHNICIAN APPLICATION DECLARATION**



**All initials and signatures on these two pages must be in ink.
Electronic initials and signatures will not be accepted.**

I, _____, certify (or declare) the following:

Initial here As a Washington State Patrol (WSP) certified ignition interlock technician in Washington State, I will be responsible for providing a critical public safety service to reduce the incidence of drivers on the highways and roads of this state who, because of their use, consumption, or possession of alcohol, pose a danger to the health and safety of other drivers. The installation of an ignition interlock breath alcohol device provides a means of deterring the use of motor vehicles by persons who have consumed alcoholic beverages. I understand the serious nature of this responsibility.

Initial here I am at least eighteen (18) years of age or older.

Initial here I 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 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 WSP and may also result in suspension or revocation of a service center certification or interlock/manufacture device certification statewide.

Initial here I have read [RCW 46.20.750](#), the law and penalty related to circumventing an ignition interlock. I understand that I may be charged with a gross misdemeanor crime if I knowingly assist another person who is restricted to the use of a vehicle equipped with an ignition interlock device to circumvent the device or to start and operate that vehicle.

Initial here I agree to provide testimony in civil and/or criminal proceedings relating to any aspect of the installation, service, repair, calibration, use, removal, or performance of the ignition interlock at no cost on behalf of the state of Washington or any other political subdivision.

Initial here I will not perform any work as an ignition interlock technician in Washington State until I have received official certification from the WSP and I have received and successfully passed my respective interlock manufacturer(s) training.

Initial here I will notify my respective interlock manufacturer(s) immediately upon conviction of any criminal offense and I understand this may be grounds for my interlock technician certification to be suspended, revoked or denied.

Further, I attest to the following (**please initial**):

YES Initial here _____
NO Initial here Do you possess a valid driver license issued by
 Washington State or the state of _____ ?

YES Initial here _____
No Initial here Does the service center where you are employed provide mobile service?

YES Initial here _____
NO Initial here Are you required to operate (drive) a lessee's vehicle to provide interlock services as a function of your employment?

YES Initial here _____
NO Initial here Have you received training from your interlock manufacturer(s) and feel comfortable in your ability to repair, install, remove, and/or service a certified ignition interlock device and provide related training to clients?

IGNITION INTERLOCK PROGRAM TECHNICIAN APPLICATION DECLARATION



I have been a resident of the following state(s) in the past five (5) years:

Dates From – To (Month/Year)	State

*If more space is needed, attach additional sheets in the same format. Check if additional sheets are attached.

CRIMINAL HISTORY STATEMENT

NOTE: This information will be verified by a law enforcement officer. False or incomplete information may result in application delay, denial, and/or criminal charges. Conviction is defined in [9.94A RCW](#).

Have you been (please initial):

YES Initial here **NO** Initial here Convicted of any alcohol-related traffic offense within the last three (3) years?

YES Initial here **NO** Initial here Convicted of Driving Under the Influence, as defined in chapter [46.61 RCW](#), two (2) or more times within the last five (5) years?

YES Initial here **NO** Initial here Convicted of any Class "B" or "C" felony within the last five (5) years?

YES Initial here **NO** Initial here Convicted of any Class "A" felony or any "sex offense" as defined in [RCW 9.94A.030](#), regardless of the date of conviction?

YES Initial here **NO** Initial here Convicted of any gross misdemeanor conviction within the last three (3) years?

YES Initial here **NO** Initial here Convicted of any misdemeanor within the last year?

YES Initial here **NO** Initial here Granted a deferred prosecution under chapter [10.05 RCW](#) for an alcohol-related traffic offense within the last three (3) years?

YES Initial here **NO** Initial here Charged with a crime that is still pending adjudication (unresolved)?

If you answered "yes" to any of these questions, please explain each conviction or pending charge below.

Date	Charge	City	County	State	Disposition

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I certify (or declare) under penalty of perjury under the laws of the state of Washington, that the foregoing and all included documents are true and correct ([RCW 9A.72.085](#)).

Print Name

Location Signed (City, County, State)

Signature

Title (e.g., Owner, Tech, Installer)

Date