

**IGNITION INTERLOCK PROGRAM
INTERLOCK INSTALLATION VERIFICATION**



This form must be completed at the initial installation of an interlock device in Washington State

- This form is only required at the time of initial installation of an interlock device and is not required to be completed at the time a device is serviced, replaced, or uninstalled, unless the original installation verification form has been lost.
- If the restricted driver has interlock devices installed in multiple vehicles or swapped between vehicles, this form must be completed for each separate vehicle. Page 2 of this form only needs to be completed once.
- The completed form shall be maintained on site at the service center and available to the WSP upon request. In accordance with [WAC 204-50-080\(9\)](#), this installation verification record must be maintained by the service center/manufacture for a minimum of three years after the client's lease term has ended.

This section to be completed by the installing service center and technician(s).

Interlock Restricted Driver

Restricted Driver's Name (Last, First, Middle Initial)	Date of Birth
Driver's License Number	State of Issuance

Vehicle Interlock Installed

License Plate	License State	Vehicle Color
Vehicle Year	Vehicle Make	Vehicle Model
VIN Number		

Interlock Manufacturer

<input type="checkbox"/> Draeger	<input type="checkbox"/> Guardian	<input type="checkbox"/> Intoxalock	<input type="checkbox"/> LifeSafer
<input type="checkbox"/> Smart Start	<input type="checkbox"/> Simple	<input type="checkbox"/>	

Interlock Technician(s)

I (We) certify (or declare) under penalty of perjury under the laws of the state of Washington that the installation and all related training of a certified ignition interlock device was completed by Washington State Patrol certified ignition interlock technician(s) which was provided to the above restricted driver at the indicated service center and date below. I (We) also witnessed the restricted driver complete page 2 of this document and answered any questions they had or directed them to the proper authority. (RCW 9A.72.085)

Training Technician-Signature	Printed Name	WSP Certification Number
Same <input type="checkbox"/>		
Installation Technician-Signature	Printed Name	WSP Certification Number
Service Center WSP Certification Number	Date of Interlock Installation/Training	

Page 2 to be completed only by the above restricted driver and observed by the signed technician(s).

IGNITION INTERLOCK PROGRAM INTERLOCK INSTALLATION VERIFICATION



By my initials beside each statement below, I _____, certify (or declare) the following:

Initial here **Device Training:** I have received training and instructions on the operation of the ignition interlock device(s) assigned to me. I have also watched the Washington State Patrol (WSP) Ignition Interlock Training video in entirety. This training video is posted on the WSP website (wsp.wa.gov/interlock) under "Informational Videos" and available to watch again at any time. I have received instruction regarding the interlock device features, I understand how the device operates, and I have practiced providing samples before leaving the service center.

Initial here **Distractions Driving:** Using an ignition interlock device while the vehicle is in motion may distract the user from driving safely and may be a violation of local or state distracted driving traffic laws. When the interlock device requests a random retest after the vehicle has been started, I am provided a several minute window to provide a breath sample. I acknowledge being instructed to safely pull off the roadway and come to a stop prior to providing any breath sample.

Initial here **Requirements for Removal:** If an interlock device is required, or is later required, as a result of a deferred prosecution or conviction of a DUI or related charge, the interlock restriction will remain in effect until the Washington State Department of Licensing (DOL) receives a declaration from my interlock vendor certifying that there have been none of the following incidents in the one hundred eighty (180) consecutive days prior to the date of release:

1. Any attempt to start the vehicle with a breath alcohol concentration of 0.04 or more unless a subsequent test performed within ten minutes registers a breath alcohol concentration lower than 0.04 and the digital image confirms the same restricted driver provided both samples;
2. Failure to pass any random test unless a review of the digital image confirms that the vehicle was not occupied by the restricted driver at the time of the missed test;
3. Failure to pass any random retest with a breath alcohol concentration of 0.025 or lower unless a subsequent test performed within ten minutes registers a breath alcohol concentration lower than 0.025, and the digital image confirms the same restricted driver provided both samples; or
4. Failure of the restricted driver to appear at the ignition interlock device vendor when required for maintenance, repair, calibration, monitoring, inspection, or replacement of the device.

Initial here **Early Removal:** I understand that the removal of any interlock device is at my own will and an early removal may cause an extension of my interlock requirement and/or may result in a break in my 180-day compliance period. If my device is removed prior to the end date of my restriction, my interlock manufacturer will send a removal notification to DOL and DOL will send me a Notice of Suspension unless I have an interlock device installed within 45 days. I understand my interlock manufacturer is not responsible for any extension of my restriction and/or any resulting breaks in my 180-day compliance period as a result of early removal. To determine my removal date, I must visit dol.wa.gov or call DOL's Customer Service Center at (360) 902-3900.

Initial here **RCW 46.20.750(1):** Only a WSP certified interlock technician is authorized to install, service, or uninstall an interlock device from my vehicle(s). Tampering with an ignition interlock device by modifying, detaching, disconnecting, or otherwise disabling the device by anyone other than a certified technician in the official performance of their duties is is a crime. The ignition interlock service center and technician who performed the installation, service, or uninstall work on my vehicle(s) today, and at any point in the future, displayed a copy of their WSP certification and it was not expired.

Initial here **RCW 46.20.750(2):** I understand if I allow, direct, authorize, or request another person to circumvent or tamper with an ignition interlock device, other than a certified WSP ignition interlock technician in the official performance of their duties, that person and I may be charged with a crime. I understand that having, allowing, directing, authorizing, or requesting another person to blow or otherwise exhale into the device in order to circumvent the device to allow me to operate the vehicle is a crime. This includes having someone else provide samples for me to start the vehicle or while I am driving. I further understand that circumventing an ignition interlock device by using a filter or other device to start or operate the vehicle is a crime.

Initial here **Digital Camera and GPS Technology:** I understand ignition interlock devices in Washington State are equipped with a digital camera and a global positioning system (GPS). Digital images and GPS coordinates are stored at the time of each test sequence and are made available to the WSP for interlock circumvention and tampering investigations. I further understand that interfering with either the digital camera or GPS may be considered a crime.

Initial here **WSP Vehicle Service Affidavit Form:** I acknowledge having been provided a copy of this form and it was explained to me when I must complete it. Completed copies of this form must be turned in to my interlock provider at my next service appointment. Additional copies of this form may be obtained at wsp.wa.gov/interlock or from my provider.

Initial here **Interlock Fees:** I have been provided a copy of and reviewed all costs and fees associated with the lease of an interlock device. I understand that Washington State requires DOL to collect a \$20 fee per device, per month, unless declared innocent by DOL and waived. I understand the WSP requires a \$10 fee per device for installation and a \$5 monthly monitoring fee, which are not waivable. All other fees associated with the lease of an interlock device (other than local/state taxes) are at the discretion of the interlock manufacturer.

Initial here **Breath Samples:** I have been advised not to eat, drink, smoke, or chew tobacco or gum just prior to or during all interlock tests. If a test registers alcohol, which I believe to be caused by a substance in my mouth or vehicle other than alcohol, I must provide a passing test within ten (10) minutes, in front of the digital camera, or the original test will be considered an alcohol violation and may result in additional fees and/or extension to my license restriction period.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. All of the above initials were made by me after having read each section. (RCW 9A.72.085)

Restricted Driver's Signature*

Location Signed (City, County, State)

Date

*A copy of this signed form must be provided to the above signer prior to leaving the service center.