## IGNITION INTERLOCK PROGRAM SERVICE CENTER NETWORK CHANGE NOTICE



As required by Washington Administrative Code 204-50-120(1)(d), written notification is being provided to the Washington State Patrol (WSP) of a interlock service center network change in Washington State.

Service Center Name	WSP Cert. ID	Effective Date
Active interlock clients impacted by this change:	<u> </u>	
Seventy-five mile coverage area requirement in WAC 20	4-50-120(1)(b) maintained?	Yes No
Below signed interlock manufacturer acknowledges:  1. Changes to the service center do not modify the service.  2. Continued sponsorship is implied (except when services).  3. At the discretion of the WSP, a routine inspection services.  Service Center Network Characteristics.	service center's certification ervice center is surrendering may be required prior to co	g certification); and
Location is voluntarily surrendering its WSP certific	cation and ending interlock s	ervice for manufacturer <sup>2</sup> .
Hours of operation for ignition interlock related serv	vices have changed³.	
Service center will now be utilizing a wet bath simu	llator for calibration.	
<ul> <li>Mobile service network change<sup>24</sup>:</li> <li>☐ Starting mobile service</li> <li>☐ Modifying mobile service (adding/removing tecl</li> <li>☐ Ending mobile service</li> <li>☐ Service center is relocating to<sup>12</sup>:</li> </ul>	hnicians or vehicles)	
A change of ownership has occurred at this service	e center <sup>12</sup> .	
Service center has changed names. The new name	ne is <sup>12</sup> :	
<sup>1</sup> A copy of the updated business license and insurance must be attach <sup>2</sup> All certified technicians assigned to this service center and their updat <sup>3</sup> Any change to the hours of operation for this service center must be li <sup>4</sup> Any change to vehicles used for mobile service must be listed on page	ted status must be listed on page 2 isted on page 2 of this form.	2 of this form.
I declare under penalty of perjury under the law of Washir	ngton that the foregoing is tru	ue and correct.
Printed Name of Manufacturer Representative	 Date	
Signature of Manufacturer Representative*  *(Electronic signature is acceptable if name matches e-mail account)	Location Signed	d (City, State)

A completed copy of this form must be e-mailed to <u>interlock.applications@wsp.wa.gov</u> within <u>seven</u> <u>days</u> of the above-described change. Only include page 2 if changes are made on that page.

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## <sup>2</sup>Certified Interlock Technicians Status Change

Name (First, MI, L	ast)	WSP Cert. ID (ex. InteT0123)	(ex. Decertifyi	Status ng, Providing mobile, Relocating to.
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*If more space is needed, at	tach additional shee	ts in the same format	. Check if addition	onal sheets are attached.
Service Center Hours	of Operation			
Day	AM	PM	Closed	
-				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Mobile Service Vehicl	e Information			
Adding Vehicle	Removing Ve	hicle		
		7111010		
License	State	Make		Model
Color	Year	Insurance Con	npany	
Adding Vehicle	Removing Ve	ehicle		
License	 State	 Make		Model
-				
Color	Year	Insurance Con	npany	

\*If more space is needed, attach additional sheets in the same format. 

Check if additional sheets are attached.