IGNITION INTERLOCK PROGRAM TECHNICIAN APPLICATION



First Name	Middle	Initial L	ast Name	
Date of Birth	Driver's License or Identifica		on Card Number	State
Technician E-mail Address			Service Center Certification	Number(s)
Service Center Name			City, County	
Interlock Manufacturer	New Certification	Renewal Certificatio	Previous Technician (n Number (if applic	
The following documents, all dated within the preceding thirty (30) days, must be attached:				
 □ WATCH Criminal History Report □ Criminal History Report(s) (if applicable, from Criminal History Statement) □ Technician Declaration □ Image of Current Photo Driver's License or ID Card □ Proof of Validity from Authority Issuing Driver's License or ID Card □ Copy of Current Technician Certification (if currently certified) By submitting this application, the below signed representative of the interlock manufacturer, declares this technician applicant has been fully trained by the interlock manufacturer who is confident in their ability to install, remove, repair, and service manufacturer's certified ignition interlock device(s) and provide related training to clients; and also agrees to pay the required Washington State Patrol Ignition Interlock Technician Certification application fee. 				
Manufacturer Representative Approval Signature* *Electronic signature is acceptable if name matches e-mail account				
Do not write below this line. For WSP use.				
All Required Documents Att	ached 🗌		listory Statement Reviewed listory Report(s) Reviewed	
Certification Number Assign	ed Applicatio	n Review Da	ute	
Reviewed By Trooper		IIP Mana	ager	

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