TEXAS DEPARMENT OF PUBLIC SAFETY
IGNITION INTERLOCK DEVICE
SERVICE REPRESENTATIVE APPLICATION

APPLICATION TYPE

☐ ORIGINAL ☐ RE-INSTATEMENT
☐ RENEWAL ☐ RE-EDUCATION

Date: _____

CERTIFICATIONS BY MODEL

_____

_____

**All information on this form except the signature must be typewritten or PRINTED IN BLACK OR BLUE INK ONLY. The signature shall be WRITTEN in INK.

Last Name | First Name | (Middle)

Permanent Street Address (No P.O.) | City | State | Zip Code

Driver License # | State | Expiration | Date of Birth

Service Center Name | Service Center Telephone #

Service Center Address | City | Zip Code

I affirm that I am currently trained in all necessary aspects of the listed IID(s) which is/are specifically merchandised by my employer. I understand that any misrepresentations or false statements on this application are grounds for denial, inactivation, suspension or revocation of my certification.

Applicant Signature | Date

INTERLOCK DEVICE COMPANY (Check One):

☐ ACS ☐ BEST Labs ☐ Draeger ☐ Lifesafer ☐ Smart Start
☐ ADS ☐ CST ☐ Guardian ☐ Monitech

VENDOR/OWNER/MANAGER – Authorized Signatory
I do affirm the applicant has been trained in all necessary and current aspects of the specific IID's involved with our company and/or service center.

Printed Name | **Signature**

NOTE: If address changes, or if representative terminates employment, promptly notify the Texas Department of Public Safety.

FOR DPS USE ONLY

Date Tested | Tested by | Auditor ID#

Appointment 1 | Appointment 2 | Appointment 3

Service Center ID# | Region # | For DPS HQ Use Only – C-date, E-date