

Texas Department of Public Safety Regulatory Services Division www.dps.texas.gov

• MUST USE MOST **CURRENT** FORM

• PRINT CLEARLY IN BLACK INK

• MAKE SURE ENTIRE CIRCLE IS **FILLED**

Ignition Interlock Device

OOfficer Who Oversees The Entity's Regulated Functions

IGNITION INTERLOCK VENDOR'S INFORMATION CHANGE FORM

GENERAL INFORMATION			
I understand this form is used to services provided, and ownersh Center, a new application and f	nip. If changing the phy	, ,	, ,
Type of Change: OService Center Information	OOwnership Change	ORemove Devices	OServices Provided

Of Inactive / Closed Location						
PART I. VENDOR'S INFORI	MATION					
Service				Service Center Number		
Center Name:				(As reflected on certificate):		
New Service Center						
Name (as it appears on business license): New Local			New Toll-Free			
			Phone Number (i	f applicable)		
New Service Center Ne			New Web			
Email Address (if applicable) New Service Address (if applicable)				le)		
Center Mailing Address (if applicable)	1					
City State			ZIP			
,			(2- Letter Code)	Code		
PART II. PLEASE TERMINA	TE THE FOLL			ABOVE LISTED SERVICE CENTER		
Full Name	Date of Birth	Termination Date	Ownership Percentage (required)	Position/Title		
				OOwner OPartner ODirector OShareholder OOfficer Who Oversees The Entity's Regulated Functions		
				OOwner OPartner ODirector OShareholder OOfficer Who Oversees The Entity's Regulated Functions		
				OOwner OPartner ODirector OShareholder OOfficer Who Oversees The Entity's Regulated Functions		
				OOwner OPartner ODirector OShareholder OOfficer Who Oversees The Entity's Regulated Functions		
PART III. NEW INDIVIDUAL(S) FILLING THE POSITION OF OWNER, PARTNER, DIRECTOR, SHAREHOLDER, OR OFFICER WHO OVERSEES THE ENTITY'S REGULATED FUNCTIONS (Individuals listed here will need to submit the IID Owner Application IID-05)						
Full Name	Date of Birth	Hire Date	Ownership Percentage (required)	Position/Title		
				OOwner OPartner ODirector OShareholder OOfficer Who Oversees The Entity's Regulated Functions		
				OOwner OPartner ODirector OShareholder OOfficer Who Oversees The Entity's Regulated Functions		
				OOwner OPartner ODirector OShareholder OOfficer Who Oversees The Entity's Regulated Functions		
				Onwher Operther Opirector Oshareholder		

Continued on Page 2

Service Center	Service Center Number
Name	(As reflected on certificate)
PART IV. NEW AND CURRENT MANUFACTURE	RS' DEVICES SERVICED (SELECT ALL THAT APPLY)
O A & A Product Company - FIT228 LC and/or FIT229-	LC and/or AT230
O Agent Monitoring LLC-BRAC Audit Lock II	
O Alcohol Analytics Systems – AAS 2.0	
O Alcohol Countermeasures Systems – Alcolock WR2 at	nd/or Alcolock LR and/or Alcolock WR3
O Alcohol Detection Systems - DM 904 and/or DM 909	
O America's Alcohol Testing Inc. – Freedom 5 Interlock	
O Autosense International, Inc-Alco-Sense Ultimate AS	I Series IV
O B.E.S.T. Labs Inc FR 9000 and/or BDI-747	
O Blow and Drive Interlock – BDI-747	
O Clean Start Systems - CSS APIID 700	W. T. J. J. T.
O Dräger US Interlock LLC-920 and/or Interlock XT and	l/or Interlock 7000
O Guardian Interlock – AMS 2000 and/or AMS 2500	
O Instant Interlock – Bracaudit Lock-I	
O Intoxalock – 1001A	
O Lifesafer – FC100 and/or L250	
O Low Cost Interlock – LCI 750 and/or TAB 720 and/or	LCI-///
O Monitech Ignition Interlock Systems – QT-1L	
O Simple Interlock – Co-Pilot	
O Skyfine – AT588 O Smart Alco Solutions LLC – Alcobrake A-200	
O Smart Alco Solutions LLC – Alcobrake A-200 O Smart Start Inc. – SSI1000 and/or SSI 20/20 and/or	CCI 20/20 and/or CCI 2025 and/or FLEV 2020
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , ,
PART V. NEW AND CURRENT SERVICES PROVED Device Installation	IDED (SELECT ALL THAT APPLY)
	shile consider provide the number of mobile units
O Device Monitoring	obile services, provide the number of mobile units:
<u> </u>	obile services, provide the number of mobile units:
O Device Maintenance	ibile services, provide the number of mobile units.
	obile services, provide the number of mobile units:
O Device Removal	site services, provide the finition of mostle times
	obile services, provide the number of mobile units:
PART VI. AGREEMENT AND AFFIRMATION	, provide the control of the control

I verify the information provided is true and correct, and I understand any required fee is non-refundable. I also understand this is an official government record and any missing information and/or false statement made on this document or any other supplement provided to DPS may result in criminal prosecution. Signature of the applicant or authorized individual further grants the director or his designee, the right to enter and to inspect the premises or any records required to be kept by Texas Law and Department rule. Furthermore, I understand I must install, sell, service, and or monitor Ignition Interlock Devices approved by the Texas Department of Public Safety and adhere to manufacture's specifications.

Printed Name of Owner, Partner, Director, Shareholder, or Officer

Signature of Owner, Partner, Director, Shareholder, or Officer

Date

This form and any attachments may be forwarded electronically to: https://www.dps.texas.qov/rsd/contact/default.aspx

If payment is required, this form and attachments can be forwarded by mail to:

Texas Department of Public Safety Ignition Interlock Device PO Box 15999 Austin, TX 78761-5999

Privacy Policy Sec. 559.003. RIGHT TO NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES (a) Each state governmental body that collects information about an individual by means of a form that the individual completes and files with the governmental body in a paper format or in an electronic format on an Internet site shall prominently state, on the paper form and prominently post on the Internet site in connection with the electronic form, that: (1) with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual; (2) under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information; and (3) under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect. (b) Each state governmental body that collects information about an individual by means of an Internet site or that collects information about the computer network location or identity of a user of the Internet site shall prominently post on the Internet site what information is being collected through the site about the individual or about the computer network location or identity of a user of the site, including what information is being collected