



- MUST USE MOST **CURRENT FORM**
- **PRINT CLEARLY IN BLACK INK**
- **MAKE SURE ENTIRE CIRCLE IS FILLED**

EXAMPLE:

Yes No

Application for Certification of Ignition Interlock Vendor

PAYMENT INFORMATION	
NOTE: Application will not be processed without the required \$450.00 fee. Please include payment and proof of liability insurance with this application.	
Type of Application:	<input type="radio"/> Original <input type="radio"/> Re-Inspection

↑ THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY ↓

PART I. VENDOR'S SERVICE CENTER INFORMATION

Service Center Name(as it appears on business license):			
Service Center Physical Address (No PO Box):			
City:	State (2- Letter Code):	ZIP:	County:
Local Phone Number:	Toll-Free Phone Number:		
Service Center Email Address:		Web Address (if applicable):	
Service Center Mailing Address (if different from physical address):			
City:	State (2- Letter Code):	ZIP:	
Printed First Name of Business Manager:		Printed Last Name of Business Manager:	
Business Manager Phone Number:	Business Manager Email:		
Printed First Name of Business Owner:		Printed Last Name of Business Owner:	
Business Owner Phone Number:	Business Owner Email:		

PART II. MANUFACTURERS' DEVICES SERVICED (SELECT ALL THAT APPLY)

<input type="radio"/> A & A Product Company - FIT228 LC and/or FIT229-LC <input type="radio"/> Alcohol Countermeasures Systems – Alcolock WR2 and/or Alcolock LR and/or Alcolock WR3 <input type="radio"/> Alcohol Detection Systems - DM 904 and/or DM 909 <input type="radio"/> America's Alcohol Testing Inc. – Freedom 5 Interlock <input type="radio"/> B.E.S.T. Labs Inc. - FR 9000 <input type="radio"/> Blow And Drive Interlock - BDI 747 <input type="radio"/> Clean Start Systems - CSS APIID 700 <input type="radio"/> Drager – 3530920 and/or XT and/or Interlock 7000 <input type="radio"/> Guardian – 3060 and/or AMS 2000 <input type="radio"/> Guardian Interlock – AMS 2500 <input type="radio"/> Instant Interlock – Bracaudit Lock I <input type="radio"/> Intoxalock – 1001A <input type="radio"/> Lifesafer – FC100 and/or L250 <input type="radio"/> Low Cost Interlock – LCI 750 and/or TAB 720 and/or LCI 777 <input type="radio"/> Monitech Ignition Interlock Systems – QT 1L <input type="radio"/> Simple Interlock – Co Pilot <input type="radio"/> Skyfine – AT588 <input type="radio"/> Smart Start Inc. – SSI1000 and/or SSI 20/20 and/or SSI 20/30 and/or SSI-2035 <input type="radio"/> Other (SPECIFY MANUFACTURE AND DEVICE): _____

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III. SERVICES PROVIDED (SELECT ALL THAT APPLY)

Device Installation

Fixed Location

Mobile

If offering mobile services, provide the number of mobile units _____

Device Monitoring

Fixed Location

Mobile

If offering mobile services, provide the number of mobile units _____

Device Maintenance

Fixed Location

Mobile

If offering mobile services, provide the number of mobile units _____

Device Removal

Fixed Location

Mobile

If offering mobile services, provide the number of mobile units _____

PART IV. AGREEMENT AND AFFIRMATION

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.

Manager Signature _____ Date _____

Owner Signature (if different from Manager) _____ Date _____

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