



**IGNITION INTERLOCK VENDOR'S INFORMATION CHANGE FORM**

<b>GENERAL INFORMATION</b>
I understand this form is used to change mailing address, phone numbers, web address, devices, services provided, and ownership. If changing the physical location of the Vendor's Service Center, a new application and fee will be required.
<b>Type of Change:</b> <input type="radio"/> Service Center Information <input type="radio"/> Ownership Change <input type="radio"/> Devices <input type="radio"/> Services Provided

↑ THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY ↓

<b>PART I. VENDOR'S INFORMATION</b>		
Service Center Name:	Service Center Number (As reflected on certificate):	
New Service Center Name (as it appears on business license):		
New Local Phone Number (if applicable)	New Toll-Free Phone Number (if applicable)	
New Service Center Email Address (if applicable)	New Web Address (if applicable)	
New Service Center Mailing Address (if applicable)		
City	State (2- Letter Code)	ZIP Code

<b>PART II. PLEASE TERMINATE THE FOLLOWING INDIVIDUAL(S) FROM THE ABOVE LISTED SERVICE CENTER</b>				
Full Name	Date of Birth	Termination Date	Ownership Percentage (required)	Position/Title
				<input type="radio"/> Owner <input type="radio"/> Partner <input type="radio"/> Director <input type="radio"/> Shareholder <input type="radio"/> Officer Who Oversees The Entity's Regulated Functions
				<input type="radio"/> Owner <input type="radio"/> Partner <input type="radio"/> Director <input type="radio"/> Shareholder <input type="radio"/> Officer Who Oversees The Entity's Regulated Functions
				<input type="radio"/> Owner <input type="radio"/> Partner <input type="radio"/> Director <input type="radio"/> Shareholder <input type="radio"/> Officer Who Oversees The Entity's Regulated Functions
				<input type="radio"/> Owner <input type="radio"/> Partner <input type="radio"/> Director <input type="radio"/> Shareholder <input type="radio"/> Officer Who Oversees The Entity's Regulated Functions

<b>PART III. NEW INDIVIDUAL(S) FILLING THE POSITION OF OWNER, PARTNER, DIRECTOR, SHAREHOLDER, OR OFFICER WHO OVERSEES THE ENTITY'S REGULATED FUNCTIONS</b> (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
				<input type="radio"/> Owner <input type="radio"/> Partner <input type="radio"/> Director <input type="radio"/> Shareholder <input type="radio"/> Officer Who Oversees The Entity's Regulated Functions
				<input type="radio"/> Owner <input type="radio"/> Partner <input type="radio"/> Director <input type="radio"/> Shareholder <input type="radio"/> Officer Who Oversees The Entity's Regulated Functions
				<input type="radio"/> Owner <input type="radio"/> Partner <input type="radio"/> Director <input type="radio"/> Shareholder <input type="radio"/> Officer Who Oversees The Entity's Regulated Functions
				<input type="radio"/> Owner <input type="radio"/> Partner <input type="radio"/> Director <input type="radio"/> Shareholder <input type="radio"/> Officer Who Oversees The Entity's Regulated Functions

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Service Center Name	Service Center Number (As reflected on certificate)
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**PART IV. NEW AND CURRENT MANUFACTURERS' DEVICES SERVICED (SELECT ALL THAT APPLY)**

<input type="checkbox"/> A & A Product Company - FIT228 LC and/or FIT229-LC and/or AT230
<input type="checkbox"/> Alcohol Analytics Systems – AAS 2.0
<input type="checkbox"/> Alcohol Countermeasures Systems – Alcolock WR2 and/or Alcolock LR and/or Alcolock WR3
<input type="checkbox"/> Alcohol Detection Systems - DM 904 and/or DM 909
<input type="checkbox"/> America's Alcohol Testing Inc. – Freedom 5 Interlock
<input type="checkbox"/> Autosense International, Inc – Alco-Sense Ultimate ASI Series IV
<input type="checkbox"/> B.E.S.T. Labs Inc. - FR 9000 and/or BDI-747
<input type="checkbox"/> Blow and Drive Interlock – BDI-747
<input type="checkbox"/> Clean Start Systems - CSS APIID 700
<input type="checkbox"/> Dräger US Interlock LLC – 920 and/or Interlock XT and/or Interlock 7000
<input type="checkbox"/> Guardian – 3060 and/or AMS 2000
<input type="checkbox"/> Guardian Interlock – AMS 2500
<input type="checkbox"/> Instant Interlock – Bracaudit Lock-I
<input type="checkbox"/> Intoxalock – 1001A
<input type="checkbox"/> Lifesafer – FC100 and/or L250
<input type="checkbox"/> Low Cost Interlock – LCI 750 and/or TAB 720 and/or LCI-777
<input type="checkbox"/> Monitech Ignition Interlock Systems – QT-1L
<input type="checkbox"/> Simple Interlock – Co-Pilot
<input type="checkbox"/> Skyfine – AT588
<input type="checkbox"/> Smart Alco Solutions LLC – Alcobrake A-200
<input type="checkbox"/> Smart Start Inc. – SSI1000 and/or SSI 20/20 and/or SSI 20/30 and/or SSI-2035 and/or FLEX 3030
<input type="checkbox"/> Other (SPECIFY Manufacture and DEVICE)

**PART V. NEW AND CURRENT SERVICES PROVIDED (SELECT ALL THAT APPLY)**

<input type="checkbox"/> Device Installation <input type="checkbox"/> Fixed Location <input type="checkbox"/> Mobile    If offering mobile services, provide the number of mobile units:
<input type="checkbox"/> Device Installation <input type="checkbox"/> Fixed Location <input type="checkbox"/> Mobile    If offering mobile services, provide the number of mobile units:
<input type="checkbox"/> Device Installation <input type="checkbox"/> Fixed Location <input type="checkbox"/> Mobile    If offering mobile services, provide the number of mobile units:
<input type="checkbox"/> Device Installation <input type="checkbox"/> Fixed Location <input type="checkbox"/> Mobile    If offering mobile services, provide the number of mobile units:

**PART VI. 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.

Printed Name of Owner, Partner, Director, Shareholder, or Officer	Signature of Owner, Partner, Director, Shareholder, or Officer	Date
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This form and any attachments may be forwarded electronically to:  
<https://www.dps.texas.gov/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