



CERTIFICATE AFFIRMING INSTALLATION OF AN IGNITION INTERLOCK DEVICE

OFFENDER INFORMATION

OFFENDER NAME	PHONE NUMBER	DRIVER LICENSE NUMBER	
STREET ADDRESS	CITY	STATE	ZIP

INSTALLER INFORMATION

LOCATION NAME			
STREET ADDRESS	CITY	STATE	ZIP
PRINTED NAME OF INSTALLER	SIGNATURE OF INSTALLER OBO MANUFACTURER X		

DEVICE INFORMATION

MANUFACTURER	TYPE OF DEVICE	SERIAL NUMBER
--------------	----------------	---------------

VEHICLE INFORMATION (Use a separate form for each vehicle)

OWNER	MAKE	MODEL	YEAR
VEHICLE IDENTIFICATION NUMBER (VIN)	LICENSE PLATE NUMBER	ODOMETER READING	CAR INSURER

COURT INFORMATION

COURT NAME	CASE NUMBER
NAME OF COURT MONITORING AGENCY	PHONE NUMBER

MONITORING

LENGTH OF IID TERM	MONITORING CHECK INTERVAL
--------------------	---------------------------

By signature below, the offender acknowledges that any attempt to circumvent or tamper with the device is a criminal offense. The offender has been trained and understands how to use the device, and agrees to comply with all device monitoring checks.

SIGNATURE OF OFFENDER X	DATE
-----------------------------------	------

By signature below, the installer certifies, on behalf of the manufacturer, that the ignition interlock device has been properly installed on the vehicle, the device is in good working order, the offender has received instruction on how to properly use the device, that the device will be monitored as directed by the court monitoring agency or other law, and that **all device violations will be promptly reported to the Court and the Bureau of Motor Vehicles.** The installer shall provide the offender with this form and retain a copy for later inspection.

SIGNATURE OF INSTALLER OBO MANUFACTURER X	DATE
---	------

Questions can be directed to iidinstall@dps.ohio.gov.