

Occupational Licensing Industry News OLIN 2023-07 Revised DL 9

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Issue Date: June 8, 2023

New Information

The Application for Certification of Ignition Interlock Device (DL 9, REV, 6/2022) has been revised and is available at dmv.ca.gov/portal/uploads/2022/07/dl9.pdf.

DL 9 Changes

The revised form has the following changes:

- SECTION 2 OWNERSHIP INFORMATION
 - The email address field has been added as a new requirement.
- SECTION 5 CORPORATION CERTIFICATION
 - —"Affix Corporate Seal" in the lower left corner has been removed.

Background

Changes have been made to the DL 9 to comply with new regulations effective July 2023.

Contact

For further clarification of this memo, email DMVPolicyOLCompliance@dmv.ca.gov.

Attachment



APPLICATION FOR CERTIFICATION OF IGNITION INTERLOCK DEVICE

SECTION 1 — TO BE COMP	LETED B	THE MAIN OFFICE	E			
NAME OF INDIVIDUAL, PARTNERSHIP, OR CORPORATION					TELEPHONE NUMBER	
					()	
FIRM OR TRADE NAME		BUSINESS NAME OF MARKE	TED DEVICE	NAME/MODEL	NUMBER OF DEVICE	
STREET ADDRESS		CITY			STATE ZIP CODE	
SECTION 2 — OWNERSHIP	INFORMA	ATION				
List the name and title of the indiv	idual; each	partner (designate whe	ther general or limited)	; each princ	ipal officer, director,	or stockholder
participating in the direction, cont Section 3, 4, or 5 below dependir						Also complete
NAME (Last, First, Middle)		ADDRESS TITLE			EMAIL ADD	RESS
SECTION 3 — INDIVIDUAL	CERTIFIC	ATION				
attachments to the application of Motor Vehicles and its offic injury to persons or property w the installation, service, repair,	ers, emplo hich may	yees, and agents fro arise, directly or indir	m all claims, demand ectly out of any act of	ds, and ac	tions, as a result o	of damage or
SIGNATURE X					DATE SIGNED	
SECTION 4 — PARTNERSH	IP CERTIF	FICATION				
I certify under penalty of per	jury under					
business, and that all statemer indemnify and hold harmless to from all claims, demands, and indirectly, out of any act or on ignition interlock device.	he State of Lactions, a	n this application and California, the Depart as a result of damage	tment of Motor Vehicle or injury to persons	the application les and its of s or proper	tion are true and co officers, employees ty which may aris	orrect. I shall s, and agents e, directly or
SIGNATURE X	DATE SIGNED		SIGNATURE X		DATE SIGNED	
SIGNATURE	DATE SIGNED)	SIGNATURE		DATE SIGNED	
X			X			
SECTION 5 — CORPORATION	ON CERTI	FICATION				
I certify under penalty of	perjury	under the laws o	of the State of C			orate name)
our corporate number is application are true and correct and its officers, employees, and property which may arise, directive, repair, use, and remove	t. I shall in id agents f ectly or inc	demnify and hold har rom all claims, dema lirectly, out of any ac	atements made on the mless the State of Ca nds, and actions, as act or omission by the	his applica alifornia, th a result of	tion and all attach e Department of M damage or injury t	otor Vehicles to persons or
SIGNATURE X		PRINTED NAME/TITLE OF CO	RPORATE OFFICER AUTHORIZ	ZED TO SIGN	DATE SIGNED	

DL 9 (REV. 6/2022) WWW

Print

Clear Form