

IGNITION INTERLOCK DEVICE (IID) INSTALLATION & REMOVAL REQUEST

925

CLEARLY PRINT information and fax to DMV at (916) 657-9042

SECTION 1 — DRIVER INFORMATION

DRIVER LICENSE NUMBER	BIRTH DATE (MM/DD/YYYY)
FULL NAME (FIRST, MIDDLE, LAST)	

SECTION 2 — INSTALLER INFORMATION

DATE OF REQUEST (MM/DD/YYYY)	REQUEST IS FOR: <input type="checkbox"/> Installation <input type="checkbox"/> Removal		
IID INSTALLER NAME	INSTALLER LICENSE NO.:		
STREET ADDRESS	CITY	STATE	ZIP CODE
CONTACT NAME			
PHONE NUMBER () EXT	FAX NUMBER ()		

SECTION 3 — FOR DMV USE ONLY — ELIGIBILITY FOR INSTALLATION OR REMOVAL

For IID Installation

ELIGIBLE ON	NUMBER OF MONTHS IID REQUIRED
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For IID Removal

ELIGIBLE ON

Submit ☐ DL 920 ☐ ID-110 ☐ Not eligible ☐ Court ordered

Unsigned requests are only entitled to the information above.

SECTION 4 — DRIVER AUTHORIZATION

I hereby authorize the Department of Motor Vehicles to provide the information listed below for a full assessment of the IID eligibility requirements to:

IID INSTALLER NAME	DRIVER SIGNATURE X	DATE
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SECTION 5 — FOR DMV USE ONLY — ADDITIONAL REQUIREMENTS

If not eligible for IID installation, driver needs:

- ☐ Suspension/Revocation not completed
- ☐ Enrollment for _____-month program
- ☐ Completion of 12 months of 18-month program
- ☐ Completion of 12 months of 30-month program
- ☐ SR 22 proof of financial responsibility
- ☐ _____ Fee \$_____
- ☐ Other outstanding action: customer must contact DMV at (916) 657-6525 for additional information
- ☐ This request contains insufficient/incorrect information. Please provide items checked above and resubmit.
- ☐ _____

If not eligible for IID removal, driver needs:

- ☐ Completion of _____-month program
- ☐ IID term not completed
- ☐ Contact county court (see below)
- ☐ Other:_____

MAU Technician ID _____

Date Faxed to Installer _____