

IGNITION INTERLOCK DEVICE EVALUATION SURVEY

Instructions:

- Please use the drop-down list or type the following information.
- If you are submitting documents with your survey, please send photocopies. Do not send original copies.
- Photocopy the completed survey and keep for your records.
- Email or mail the survey and copies of any supporting documents to:

Department of Motor Vehicles
Occupational Licensing Compliance MS C383
2415 First Avenue
Sacramento, CA 95818
Email: dmvpolicyolcompliance@dmv.ca.gov

SECTION 1 — PARTICIPANT INFORMATION

NAME (FIRST, MIDDLE, LAST)

ADDRESS (STREET OR PO BOX)

CITY

STATE

ZIP CODE

PHONE NUMBER

()

DRIVER'S LICENSE NUMBER

SECTION 2 — DEVICE AND MANUFACTURER INFORMATION

MANUFACTURER NAME

INSTALLER NAME

INSTALLER ADDRESS

CITY

STATE

ZIP CODE

NAME OF DEVICE

DATE OF INSTALLATION

SECTION 3 — EVALUATION

Please evaluate your satisfaction level with the device on a scale from 1 to 5. Use the drop down list.

- 1 - Very Dissatisfied:** Not pleased to an extreme degree.
- 2 - Dissatisfied:** Not pleased; not good as it should be.
- 3 - Neutral:** Not applicable or not in support of any position.
- 4 - Satisfied:** Pleased; as good as it should be.
- 5 - Very Satisfied:** Pleased to an extreme degree.

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USER FRIENDLY

How satisfied are you with the day-to-day usage of the device?

RELIABILITY

How satisfied are you with the device's detection response system?

SECURITY

How satisfied are you in the overall security provided by the device?

FUNCTIONALITY

How satisfied are you in the device's compatibility to function effectively with your vehicle?

OVERALL PERFORMANCE

How satisfied are you with the overall performance?

COMMENTS

Are there any other important components on expectations/standards related to the device?
Please comment on very satisfied and dissatisfied evaluations (if any).

Privacy Notice on Collection

- DMV collection of personal information is governed by: *California Information Practices Act*, *Civil Code* §1798 et seq; *Government Code* (GC) §11015.5; *California Public Records Act* GC §6250 et seq.; *California Vehicle Code* §1808; *Driver's Privacy Protection Act* (18 *United States Code* §§2721-2725).
- The information collected may be disclosed, made available, or otherwise used for purposes other than those specified.
- All information on this form is optional.
- DMV uses this information to survey ignition interlock device users.
- You have the right to review and request corrections/deletions of DMV maintained records containing your personal information. Please visit dmv.ca.gov for more information on the Information Practices Act.
- Questions about this form should be directed to: Department of Motor Vehicles, Driver License Inquiries, PO Box 942890, Sacramento, CA 94290.
- For privacy policy questions or requests contact us at: DMV Chief Privacy Officer, 2415 1st Avenue, MS F127, Sacramento, CA 95818 or (916) 657-6340.