

**NOTICE OF NON-COMPLIANCE
 IGNITION INTERLOCK**

DRIVER LICENSE NUMBER

SECTION 1 — DRIVER INFORMATION

DRIVER NAME (FIRST, MIDDLE, LAST)				SUFFIX (JR., SR., III)	
MAILING ADDRESS (STREET)	APT/SPACE NUMBER	CITY	STATE	ZIP CODE	
RESIDENCE ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)	APT/SPACE NUMBER	CITY	STATE	ZIP CODE	
BIRTH DATE (MONTH, DAY, YEAR)	HOME TELEPHONE NUMBER ()		WORK TELEPHONE NUMBER ()		

SECTION 2 — MANUFACTURER/INSTALLER INFORMATION *(The following installer previously installed this device manufactured by)*

MANUFACTURER	
INSTALLER NAME	LICENSE NUMBER (SEE BACK FOR DEFINITIONS) <input type="checkbox"/> BAR NUMBER: _____ <input type="checkbox"/> BHGS NUMBER: _____
INSTALLER ADDRESS	

SECTION 3 — IGNITION INTERLOCK DEVICE INFORMATION *(The following device was in non-compliance)*

DEVICE NAME	MODEL/SERIAL NUMBER	DATE OF INSTALLATION
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SECTION 4 — VEHICLE INFORMATION *(This ignition interlock device was in the following vehicle)*

MAKE	YEAR	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER
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SECTION 5 — IID NON-COMPLIANCE INFORMATION

<input type="checkbox"/> The driver failed to service the device within 60 days.	DATE OF LAST APPOINTMENT	CURRENT DATE
<input type="checkbox"/> The above driver failed three or more times to comply with the requirement for maintenance or calibration of the IID on:	DATE	

The IID installed in the above vehicle shows evidence of:

<input type="checkbox"/> Attempt(s) to bypass on:	DATE
<input type="checkbox"/> Tampering on:	DATE
<input type="checkbox"/> Attempt(s) to remove on:	DATE

SECTION 6 — INSTALLER USE ONLY

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing information is true and correct.

INSTALLER PRINTED NAME	DAYTIME TELEPHONE NUMBER ()	
INSTALLER SIGNATURE X	DATE SENT TO DMV	DATE SIGNED

INSTRUCTIONS FOR NON-COMPLIANCE FORM

INSTRUCTIONS TO INSTALLER

When completing this form, you must check the box to indicate if you are licensed through Bureau of Automotive Repair (BAR) or Bureau of Household Goods and Services (BHGS). This form must be mailed to DMV at the address below within three working days after non-compliance is noted. You may also fax a copy of this form to (916) 657-8513. Provide a copy to the driver, installer, manufacturer or manufacturer's agent.

Department of Motor Vehicles
Mandatory Actions Unit, M/S J233
PO Box 942890
Sacramento, CA 94290-0001

If you have any questions regarding how to complete this form, including what constitutes non-compliance, call (916) 657-6525.

IMPORTANT: All non-compliance (bypass, tampering, removal attempt, three or more missed appointments, or failure to service the device within a sixty day interval) **must** be reported to DMV. Non-compliance by a driver may result in suspension or revocation of the driving privilege, and/or a pause in the IID restriction term.

INSTRUCTIONS FOR SECTION 5

Enter the dates on which the non-compliance occurred. If the non-compliance (bypass, tampering, removal attempts) was recorded by the ignition interlock data recorder, put the dates recorded on the blank lines. If the tampering was noticed when you checked the vehicle, but was not recorded on the data recorder, use the date you saw the evidence of tampering.

IMPORTANT: Whenever you report non-compliance based on information recorded on the ignition interlock device, print out a copy of any non-compliance incidents recorded. Attach this printout to your copy of the non-compliance form and keep for your records. These documents could be subpoenaed in a court case and DMV could request copies.

If the driver has failed to service the device within a sixty day interval, check the box that indicates the driver failed to service within sixty days, indicate the date of the customer's last appointment, and the current date in Section 5. If the driver has repeatedly missed appointments for servicing, indicate the date of the third missed appointment.