



## RANDOM RETEST COMPLIANCE SELF CERTIFICATION

### SECTION 1 — MANUFACTURER INFORMATION

NAME OF MANUFACTURER

STREET ADDRESS CITY STATE ZIP CODE

MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS) CITY STATE ZIP CODE

### SECTION 2 — IGNITION INTERLOCK DEVICE INFORMATION

DEVICE NAME

MODEL NUMBER

DESCRIPTION OF DEVICE

### SECTION 3 — SELF CERTIFICATION ACKNOWLEDGEMENT *Certifications below must be initialed.*

I certify that the ignition interlock device identified in Section 2 requires the operator of the vehicle to submit a random retest, as required by *California Vehicle Code (CVC) §23575*. \_\_\_\_\_

I certify that the ignition interlock device identified in Section 2 requires the first retest to occur at a randomly variable interval ranging from five to fifteen minutes after the initial breath test and start of the vehicle's engine, and requires all subsequent retests to occur at randomly variable intervals ranging from fifteen to forty-five minutes from the previously requested retest during the duration of the travel, as specified in Title 13, Article 2.55, Section 125.02(a)(1) of the *California Code of Regulations*. \_\_\_\_\_

I certify that the ignition interlock device identified in Section 2 allows the operator of the vehicle five minutes to complete each retest, as specified in Title 13, Article 2.55, Section 125.02(a)(2) of the *California Code of Regulations*. \_\_\_\_\_

### SECTION 4 — CERTIFICATION

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

***I further certify that I am the authorized official of the program for the above named manufacturer and I understand that the information provided is subject to a thorough investigation by DMV. I understand that a false, fictitious or fraudulent claim may subject me and/or the manufacturer to administrative action to deny, suspend, or revoke certification of the ignition interlock device.***

AUTHORIZED MANUFACTURER OFFICIAL PRINTED NAME

TITLE

SIGNATURE

DATE

**X**

STREET ADDRESS CITY STATE ZIP CODE

EMAIL ADDRESS

FAX NUMBER

TELEPHONE NUMBER

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