# DL 920/DL 924 IID Form Changes

**Effective: Immediately**

**Changes to the DL 920/DL 924 Forms**

The Verification of Installation Ignition Interlock (DL 920, REV. 6/2014) form has been revised (see attached) and the Department of Motor Vehicles Ordered Verification of Ignition Interlock (DL 924, REV. 5/2012) form is discontinued.

**Revised DL 920 Form**

SECTION VI, UNAVAILABLE VEHICLE, has been added to DL 920 (REV. 6/2014). This section is completed when a vehicle with an installed ignition interlock device (IID) becomes unavailable due to theft, fire, or other means, and an IID is subsequently installed on a replacement vehicle.

**Procedures**

- Manufacturers and installers may continue to use the DL 924 (REV. 5/2012) until their supply is exhausted.
- If a vehicle with an installed IID becomes unavailable due to theft, fire, or other means, and a new installation is made, installers must complete SECTION VI, UNAVAILABLE VEHICLE of the DL 920 (REV. 6/2014).

**Background**

A new section was added to the DL 920 (REV. 6/2014) to give additional information for unavailable vehicles.

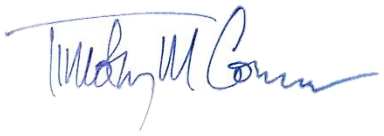
**Distribution**

Notification that this memo is available online at **www.dmv.ca.gov/pubs/olin/olin.htm** was made via California DMV's Automated E-mail Alert System in March 2015 to the following:

- Ignition Interlock Device Program Subscribers

**Contact**

Questions regarding this memo may be directed to the DMV Mandatory Actions Unit at (916) 657-6525.



TIMOTHY CORCORAN, Chief
Occupational Licensing

Attachment (1)

## Attachment

920

A Public Service Agency

NOT VALID WITHOUT MANUFACTURER'S STAMP

# VERIFICATION OF INSTALLATION IGNITION INTERLOCK

*(See back for instructions)*

DRIVER LICENSE NUMBER

## SECTION I DRIVER INFORMATION

DRIVER'S NAME *(FIRST, MIDDLE, LAST)* | SUFFIX *(JR., SR., III)*

MAILING ADDRESS *(STREET)* | APARTMENT/SPACE NUMBER

CITY | STATE | ZIP CODE

RESIDENCE ADDRESS *(IF DIFFERENT FROM MAILING ADDRESS)* | APARTMENT/SPACE NUMBER

CITY | STATE | ZIP CODE

BIRTH DATE *(MONTH, DAY, YEAR)* / / | HOME TELEPHONE NUMBER ( ) | WORK TELEPHONE NUMBER ( )

## SECTION II MANUFACTURER/FACILITY INFORMATION The following facility installed this device manufactured by:

MANUFACTURER

FACILITY NAME | LICENSE NUMBER *(SEE BACK FOR DEFINITIONS)*
☐ BAR
☐ BEARHFTI

FACILITY ADDRESS *(STREET)* | CITY | STATE | ZIP CODE

## SECTION III IGNITION INTERLOCK DEVICE INFORMATION

DATE OF INSTALLATION | DATE OF NEXT MONITOR CHECK *(OPTIONAL)*

## SECTION IV VEHICLE INFORMATION An ignition interlock device was installed on the following vehicle:

VEHICLE MAKE | YEAR | LICENSE PLATE NUMBER | VEHICLE IDENTIFICATION NUMBER

## SECTION V FACILITY INSPECTION AFTER NOTICE OF NON-COMPLIANCE

DATE OF MOST RECENT NOTICE OF NON-COMPLIANCE | DATE OF INSPECTION OF IGNITION INTERLOCK DEVICE

☐ An ignition interlock device remains installed in the above vehicle and is functioning properly.
☐ The above driver is currently in compliance with the ignition interlock maintenance and calibration requirements.

## SECTION VI UNAVAILABLE VEHICLE

VEHICLE MAKE | YEAR | LICENSE PLATE NUMBER | VEHICLE IDENTIFICATION NUMBER

## SECTION VII FACILITY USE ONLY

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

INSTALLER'S PRINTED NAME | DAYTIME TELEPHONE NUMBER ( )

INSTALLER'S SIGNATURE
X | DATE



**DISTRIBUTE COPIES AS FOLLOWS:**

***Original*** : Department of Motor Vehicles
***Photocopy*** : Driver, Installer, Manufacturer or Manufacturer's Agent

DL 920 (REV 6/2014)

# Attachment

## INSTRUCTIONS FOR COMPLETING INSTALLATION VERIFICATION FORM

### INSTRUCTIONS TO THE INSTALLER

When completing the Verification of Installation Ignition Interlock (DL 920), you must check the box to indicate if you are licensed through Bureau of Automotive Repair (BAR) or Bureau of Electronic and Appliance Repair, Home Furnishings and Thermal Insulation (BEARHFTI). Be sure to retain a photocopy of the completed form for your records. Submit a photocopy to the manufacturer or the manufacturer's agent. The original and one (1) photocopy must be given to the driver.

If the driver has devices installed on two or more vehicles, complete a separate installation verification form for each vehicle. Complete each form in its entirety and emboss with the required seal. Information from this form will become part of the driver's DMV record. The form could be used as evidence in court. For this reason, it is very important that the information on this form be easy to read, complete, and accurate.

If this installation is replacing an installation that occurred on a vehicle that has become unavailable due to theft, fire, or other means, complete Sections II, III and IV on the replacement vehicle and Section VI on the unavailable vehicle.

If a previous Notice of Non-Compliance (DL 921) form was submitted to DMV for a customer who has been ordered to maintain an IID and the customer is now back in compliance with the IID requirements, please complete Sections I-IV of this form with information regarding the original installation, and complete Section V *"Facility Inspection after Notice of Non-Compliance"* to verify that the device remains installed, is functioning properly, and the driver is again in compliance with the IID requirements.

**NOTE:** Customers are to retain a photocopy of this form for their records. Have them submit the original documents and all applicable fees in person to the nearest DMV office or mail to:

Department of Motor Vehicles
Mandatory Actions Unit, MS J233
P.O. Box 942890
Sacramento, CA 94290-0001

If you have any questions regarding how to complete this form and/or if a customer needs to obtain information about applicable fees call Mandatory Actions Unit (916) 657-6525.