STATE OF CALIFORNIA
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

APPLICATION FOR CERTIFICATION OF IGNITION INTERLOCK DEVICE

TO BE COMPLETED BY THE MAIN OFFICE

NAME OF INDIVIDUAL, PARTNERSHIP, OR CORPORATION		TELEPHONE NO.
FIRM OR TRADE NAME	BUSINESS NAME OF MARKETED DEVICE	NAME/MODEL NO. OF DEVICE
STREET ADDRESS	CITY	STATE ZIPCODE

OWNERSHIP INFORMATION

List the name and title of the individual; each partner (designate whether general or limited); each principal officer, director, or stockholder participating in the direction, control, and management of the policy of the business. Attach additional sheets, if needed. Also complete Section I, II, or III below depending on whether ownership of the firm is individual, partnership, or corporation.

NAME (Last, First, Middle)	ADDRESS	TITLE

SECTION I—INDIVIDUAL

I certify under penalty of perjury under the laws of the State of California that I am the sole owner of (name of business) _____ and that all statements made on this application and all attachments to the application are true and correct. I shall indemnify and hold harmless the State of California, the Department of Motor Vehicles and its officers, employees, and agents from all claims, demands, and actions, as a result of damage or injury to persons or property which may arise, directly or indirectly, out of any act or omission by the manufacturer relating to the installation, service, repair, use, and removal of an ignition interlock device.

DATE	SIGNATURE
	X

SECTION II—PARTNERSHIP

I certify under penalty of perjury under the laws of the State of California that we are partners in (name of business) _____ and that no other person is associated in the ownership of the business, and that all statements made on this application and all attachments to the application are true and correct. I shall indemnify and hold harmless the State of California, the Department of Motor Vehicles and its officers, employees, and agents from all claims, demands, and actions, as a result of damage or injury to persons or property which may arise, directly or indirectly, out of any act or omission by the manufacturer relating to the installation, service, repair, use, and removal of an ignition interlock device.

DATE	SIGNATURE	SIGNATURE	SIGNATUE
	X	X	X

SECTION III—CORPORATION

(Affix corporate seal here)

I certify under penalty of perjury under the laws of the State of California that (name of business) _____ is incorporated in the state of _____, our corporate number is _____, and that all statements made on this application and all attachments to the application are true and correct. I shall indemnify and hold harmless the State of California, the Department of Motor Vehicles and its officers, employees, and agents from all claims, demands, and actions, as a result of damage or injury to persons or property which may arise, directly or indirectly, out of any act or omission by the manufacturer relating to the installation, service, repair, use, and removal of an ignition interlock device.

DATE	PRINTED NAME/TITLE OF CORP. OFFICER AUTHORIZED TO SIGN	SIGNATURE
		X

Print Clear Form