



IGNITION INTERLOCK DEVICE (IID) INSTALLATION & REMOVAL REQUEST

925

CLEARLY PRINT information and fax to DMV at (916) 657-9042

SECTION 1 — DRIVER INFORMATION

DRIVER LICENSE NUMBER	BIRTH DATE (MM/DD/YYYY)
FULL NAME (FIRST, MIDDLE, LAST)	

SECTION 2 — INSTALLER INFORMATION

DATE OF REQUEST (MM/DD/YYYY)	REQUEST IS FOR: <input type="checkbox"/> Installation <input type="checkbox"/> Removal
IID INSTALLER NAME	INSTALLER LICENSE NO.:
STREET ADDRESS	CITY STATE ZIP CODE
CONTACT NAME	
PHONE NUMBER () EXT	FAX NUMBER ()

SECTION 3 — FOR DMV USE ONLY — ELIGIBILITY FOR INSTALLATION OR REMOVAL

For IID Installation		For IID Removal
ELIGIBLE ON	NUMBER OF MONTHS IID REQUIRED	ELIGIBLE ON
Submit <input type="checkbox"/> DL 920 <input type="checkbox"/> ID-110 <input type="checkbox"/> Not eligible <input type="checkbox"/> Court ordered		

Unsigned requests are only entitled to the information above.

SECTION 4 — DRIVER AUTHORIZATION

I hereby authorize the Department of Motor Vehicles to provide the information listed below for a full assessment of the IID eligibility requirements to:

IID INSTALLER NAME	DRIVER SIGNATURE X	DATE
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SECTION 5 — FOR DMV USE ONLY — ADDITIONAL REQUIREMENTS

<p>If not eligible for IID installation, driver needs:</p> <input type="checkbox"/> Suspension/Revocation not completed <input type="checkbox"/> Enrollment for _____-month program <input type="checkbox"/> Completion of 12 months of 18-month program <input type="checkbox"/> Completion of 12 months of 30-month program <input type="checkbox"/> SR 22 proof of financial responsibility <input type="checkbox"/> _____ Fee \$_____ <input type="checkbox"/> Other outstanding action: customer must contact DMV at (916) 657-6525 for additional information <input type="checkbox"/> This request contains insufficient/incorrect information. Please provide items checked above and resubmit. <input type="checkbox"/> _____	<p>If not eligible for IID removal, driver needs:</p> <input type="checkbox"/> Completion of _____-month program <input type="checkbox"/> IID term not completed <input type="checkbox"/> Contact county court (see below) <input type="checkbox"/> Other:_____
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MAU Technician ID _____ Date Faxed to Installer _____