



IGNITION INTERLOCK DEVICE (IID) MEDICAL EXEMPTION REQUEST

Department of Motor Vehicles
DMVOPSIIDEXEMPTIONS@dmv.ca.gov

INSTRUCTIONS TO THE DRIVER: Complete and sign Sections 1 and 2. Please take this form to the medical provider most familiar with your health history and current medical condition.

INSTRUCTIONS TO THE MEDICAL PROVIDER: Complete and sign Sections 3 and 4. You may submit the original copy of this form to the Department of Motor Vehicles (DMV) at the e-mail address above, or return this form to the driver to submit to DMV. You may wish to make a copy of this completed form for your records.

SECTION 1 — DRIVER INFORMATION

FULL NAME (FIRST, MIDDLE, LAST)		DATE OF BIRTH	DRIVER LICENSE NUMBER OR FILE NUMBER	
MAILING ADDRESS		CITY	STATE	ZIP CODE
E-MAIL ADDRESS (REQUIRED WHEN SUBMITTING FORM ELECTRONICALLY)				

SECTION 2 — ACKNOWLEDGEMENT AND CONSENT

I am exempt from the installation of an IID because I have a medical condition that does not permit me to breathe with sufficient strength to activate the IID.

I acknowledge that I will not be granted a restricted driving privilege and only have a suspension or revocation option if the exemption is approved by DMV. I understand that DMV will use this completed form to determine my eligibility for an exemption.

I hereby authorize my medical provider to release information regarding my medical condition to DMV.

DRIVER SIGNATURE X	DATE	TELEPHONE NUMBER ()
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SECTION 3 — MEDICAL PROVIDER INFORMATION

MEDICAL PROVIDER NAME		SPECIALTY		
LICENSE OR CERTIFICATE NUMBER	FAX NUMBER ()	TELEPHONE NUMBER ()		
MAILING ADDRESS	CITY	STATE	ZIP CODE	
E-MAIL ADDRESS (REQUIRED WHEN SUBMITTING FORM ELECTRONICALLY)				

SECTION 4 — CERTIFICATION

The above-named driver has indicated that they have a medical condition that interferes with the ability to operate an IID as required by law. To operate an IID, the driver is required to provide a minimum breath sample of 1.5 liters of breath for the initial test and for additional random retests throughout the duration of travel.

Based on the driver's health history and current medical condition, it is my professional opinion that they are unable to meet the minimum breath sample requirements to operate an IID (*please initial*). _____

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

MEDICAL PROVIDER SIGNATURE X	DATE
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If you have any questions regarding IID exemption eligibility requirements and/or how to complete this form, call Mandatory Actions Unit at (916) 657-6525.

Privacy Notice on Collection

- DMV collection of personal information is governed by: *California Information Practices Act, Civil Code §1798 et seq; Government Code (GC) §11015.5; California Public Records Act GC §6250 et seq.; California Vehicle Code §1808; Driver's Privacy Protection Act (18 United States Code §§2721-2725).*
- The information collected will not be disclosed, made available, or otherwise used for purposes other than those specified.
- All information on this form is mandatory.
- DMV uses this information to determine eligibility for a medical exemption from installing an ignition interlock device.
- DMV may deny your request if required information is not provided on the ignition interlock device medical exemption form.
- You have the right to review and request corrections/deletions of DMV maintained records containing your personal information. Please visit dmv.ca.gov for more information on the Information Practices Act.
- Questions about this form should be directed to: Department of Motor Vehicles, Driver License Inquiries, PO Box 942890, Sacramento, CA 94290.
- For privacy policy questions or requests contact us at: DMV Chief Privacy Officer, 2415 1st Avenue, MS F127, Sacramento, CA 95818 or (916) 657-6340.