

INSTRUCTIONS FOR NON-COMPLIANCE FORM

INSTRUCTIONS TO INSTALLER

The original copy of this form must be mailed to DMV at the address below within three working days after non-compliance is noted. You may also fax a copy of this form to (916) 657-8513.

Department of Motor Vehicles
Mandatory Actions Unit M/S J233
PO Box 942890
Sacramento, CA 94290-0001

If you have any questions regarding how to complete this form, including what constitutes non-compliance, call (916) 657-6525.

INSTRUCTIONS FOR SECTION 5

Enter the dates on which the non-compliance occurred. If the non-compliance (bypass, tampering, removal attempts) was recorded by the ignition interlock data recorder, put the dates recorded on the blank lines. If the tampering was noticed when you checked the vehicle, but was not recorded on the data recorder, use the date you saw the evidence of tampering.

IMPORTANT: Whenever you report non-compliance based on information recorded on the ignition interlock device, print out a copy of any non-compliance incidents recorded. Attach this printout to your copy of the non-compliance form and keep for your records. These documents could be subpoenaed in a court case and DMV could request copies.

If the driver has not arranged to have the device serviced at sixty day intervals, or has repeatedly missed appointments for servicing, these dates should be listed in Section 5 as "Failed to comply" dates.

If the driver misses the appointment for servicing at the sixty day interval, and does not contact you to reschedule, you must schedule another appointment for a date within seven days of the missed appointment. You must notify the driver of the new appointment by mail, and by telephone, if possible. If the driver misses the appointment, and does not contact you to reschedule, you must schedule another appointment for a date within seven days of the missed appointment. Once again, you must notify the driver of the new appointment by mail, and by telephone, if possible. If the driver does not keep this third appointment, report the non-compliance to the department.

**NOTICE OF NON-COMPLIANCE
 IGNITION INTERLOCK**

DRIVER LICENSE NUMBER

SECTION 1 — 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 2 — MANUFACTURER/FACILITY INFORMATION (The following facility previously installed this device manufactured by)

MANUFACTURER	
FACILITY NAME	BUREAU OF AUTOMOTIVE REPAIR NUMBER
FACILITY ADDRESS	

SECTION 3 — IGNITION INTERLOCK DEVICE INFORMATION (The following device was in non-compliance)

SERIAL NUMBER	DATE OF INSTALLATION
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SECTION 4 — VEHICLE INFORMATION (This ignition interlock device was in the following vehicle)

MAKE	YEAR	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER
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SECTION 5 — IID NON-COMPLIANCE INFORMATION

The IID installed in the above vehicle shows evidence of:		The above driver failed three or more times to comply with the requirement for maintenance or calibration of the IID:	
Attempt(s) to bypass on:	DATE	1st Failure to comply on:	DATE
Tampering on:	DATE	2nd Failure to comply on:	DATE
Attempt(s) to remove on:	DATE	3rd Failure to comply on:	DATE

SECTION 6 — FACILITY USE ONLY

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

INSTALLER'S PRINTED NAME		DAYTIME TELEPHONE NUMBER ()	
INSTALLER'S SIGNATURE X	DATE SENT TO DMV	DATE SIGNED	

DISTRIBUTE COPIES AS FOLLOWS:

Original : Mail to: Department of Motor Vehicles
 Mandatory Actions Unit, M/S J233
 PO Box 942890
 Sacramento, CA 94290-0001

Copy : Driver
Copy : Installer
Copy : Manufacturer or Manufacturer's Agent