



**Motor
Vehicle
Division**

Mail Drop 530M
Ignition Interlock Unit
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

IGNITION INTERLOCK INSTALLER APPLICATION

96-0506 R10/10 www.azdot.gov

Company Name		Application Date	
Street Address	City	State	Zip
Mailing Address	City	State	Zip
Business Type <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC (Limited Liability Company) <input type="checkbox"/> Other:			
Contact Person Name (first, middle, last)		Phone Number ()	Fax Number ()
Ignition Interlock Device	Model Number	Name Under Which Device Will Be Marketed	
Ignition Interlock Device	Model Number	Name Under Which Device Will Be Marketed	

Applicant, Owner, Partner, Officer, Director, Agent, Stockholder owning 20% or more of the corporation, or LLC Manager

Name (first, middle, last, suffix)		Title	
Date of Birth	Driver License Number	State	
Residence Address	City	State	Zip

Name		Title	
Date of Birth	Driver License Number	State	
Residence Address	City	State	Zip

I certify that:

- All information provided on this application, including all information on any attachments to the application form, is complete, true and correct.
- Installer agrees to indemnify and hold harmless from all liability the State of Arizona and any department, division, agency, officer, employee or agent of the State of Arizona.
- Installer agrees to comply with all requirements of Arizona Administrative Code, Title 17, Chapter 5, Article 7.
- Installer agrees to immediately notify the MVD of any changes to the information provided on this application.

Manufacturer Representative Name	Representative Signature
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Acknowledged before me this date.		Notary or MVD Agent Signature	
Date	County	State	Commission Expires

MVD Use

Date Received	Date Reviewed	Reviewer	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorization Number	Comments		