

# MINNESOTA DEPARTMENT OF PUBLIC SAFETY



## Reduced Fee for Ignition Interlock Servicing and Monitoring



### Minnesota Ignition Interlock Device Program

Instructions: If you are enrolled in or applying for the Minnesota Ignition Interlock Device Program and are having difficulty paying the fees for servicing and monitoring, you can use this form to apply for reduced fees. If you are approved, you must reapply each year. You may only apply once per tax year.

NOTE: Eligibility for the reduced fee is restricted to participants in the Ignition Interlock Device Program that went into effect on July 1, 2011. Persons in the pilot program are not eligible for the reduced fee.

This form can be faxed to (651) 797-1299. You may also bring this form to any Driver Exam Station (Visit the [DVS Website](http://dvs.dps.mn.gov) for Office Locations) or mail this form to Driver and Vehicle Services, Ignition Interlock Unit, 445 Minnesota Street, Suite 177, St. Paul, Minnesota 55101. For questions, contact DVS at (651) 296-2948 or visit <http://dvs.dps.mn.gov>.

#### APPLICANT INFORMATION

-  -  -  -

Driver's License Number

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Address City/State/Zip

\_\_\_\_\_  
Daytime Phone Number Date of Birth

#### QUALIFYING INFORMATION

What is your federal adjusted gross income as reported to the IRS for the most recent tax year: \$ \_\_\_\_\_

Total number of persons claimed on your most recent federal tax return: \_\_\_\_\_

If you did not file federal tax forms, what is your annual income from sources exempted from federal taxes \$ \_\_\_\_\_ and number of persons supported by that income \_\_\_\_\_?

I verify the information on this document is truthful and accurate. I understand that providing any false information will prohibit me from receiving the reduced fee and require that I pay the regular fees for the remainder of my time in the ignition interlock device program.

\_\_\_\_\_  
Signature Date

**Witnessed by:**

Subscribed and sworn to before me this day of \_\_\_\_\_ 20 \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_

COUNTY \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_

Witness may be a representative of the Department of Public Safety or a Notary Public.