



Employer Declaration for Ignition Interlock Device

If you are required to have an ignition interlock device installed in all vehicles you drive and your employer requires you to drive a vehicle during working hours that is owned, leased, rented, or the temporary responsibility of your employer, you must:

- complete the employee section of this form
- have your employer complete and sign the employer section
- carry a copy when driving for your employer
- send a copy of this completed form to:

Restricted License
Department of Licensing
 PO Box 9030
 Olympia, WA 98507
 Fax: (360) 570-7824

You may only drive the vehicle(s) during working hours.

Employee

PRINT OR TYPE—Name of applicant (<i>Last, First, Middle initial</i>)		
Washington driver license number	Date of birth	(Area code) Daytime telephone number

Employer

Name of employer/representative name	Company (Area code) Telephone number	
Company name	UBI number	
Company street address		
City	State	ZIP code

This employee is required to operate a vehicle during working hours that is owned, leased, rented, or in the temporary care of this company.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

_____ **X** _____
 Date and place Employer signature