

## Ignition Interlock Status Verification

Ignition interlock companies must use this form to report ignition interlock activity.

**Fax the completed form to (360) 570-4961 or scan and email to [interlock@dol.wa.gov](mailto:interlock@dol.wa.gov)**

### Driver

<b>PRINT or TYPE</b> Driver name <i>(Last, First, Middle initial)</i>	Date of birth	Driver license number
Mailing address		
City	State	ZIP code

### Activity

<input type="checkbox"/> Installation . . . . . Date _____ <input type="checkbox"/> Compliant . . . . . Date _____ <input type="checkbox"/> Removal/Non-functioning . . . . . Date _____ <input type="checkbox"/> 4-month compliance release . . . . . Date _____						
<p>In the 4 consecutive months prior to this date there have been none of the following incidents:</p> <ul style="list-style-type: none"> <li>• An attempt to start the vehicle with a breath alcohol concentration of .04 or more;</li> <li>• Failure to take or pass any required retest; or</li> <li>• Failure of the person to appear at the ignition interlock vendor when required for maintenance, repair, calibration, monitoring, inspection, or replacement of the device.</li> </ul>						
<p>Device type <i>(check one)</i></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> AutoSense (14)</td> <td><input type="checkbox"/> Guardian (12)</td> </tr> <tr> <td><input type="checkbox"/> Consumer Safety Technology (15)</td> <td><input type="checkbox"/> LifeSafer (13)</td> </tr> <tr> <td><input type="checkbox"/> Draeger (11)</td> <td><input type="checkbox"/> Smart Start (10)</td> </tr> </table>	<input type="checkbox"/> AutoSense (14)	<input type="checkbox"/> Guardian (12)	<input type="checkbox"/> Consumer Safety Technology (15)	<input type="checkbox"/> LifeSafer (13)	<input type="checkbox"/> Draeger (11)	<input type="checkbox"/> Smart Start (10)
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<input type="checkbox"/> Draeger (11)	<input type="checkbox"/> Smart Start (10)					
Vehicle make/model	Year	License plate number				
Vehicle Identification Number (VIN)		Device number				

### Company

<b>PRINT or TYPE</b> ignition interlock company name	Washington business license number	
Name of company representative	(Area code) Telephone number	
Mailing address		
City	State	ZIP code