

## IGNITION INTERLOCK DEVICE (IID) INSTALLATION & REMOVAL REQUEST

CLEARLY PRINT information and fax to DMV at (916) 657-9042

SECTION 1 — DRIVER INFO	RMATION		
DRIVER LICENSE NUMBER		BIRTH DATE (MM/DD/YYYY)	
FULL NAME ( <i>LAST NAME</i> )		FIRST NAME MIDDL	E NAME
SECTION 2 — INSTALLER IN	IFORMATION		
DATE OF REQUEST (MM/DD/YYYY)		REQUEST IS FOR:	
		☐ Installation ☐ Removal	
IID INSTALLER NAME		INSTALLER LICENSE NO.:	
STREET ADDRESS		CITY STATE	ZIP CODE
CONTACT NAME			
PHONE NUMBER		FAX NUMBER	
( )	Ext	( )	
FOR DI	MV USE ONLY — ELIGIBILIT	Y FOR INSTALLATION OR REMOVAL	
For IID Installation		For IID Removal	
ELIGIBLE ON	NUMBER OF MONTHS IID REQUIRED	ELIGIBLE ON	
Submit $\square$ DL 920 $\square$ D	L 924	☐ No, not eligible	
☐ No, not eligible			
U	nsigned requests are only er	ntitled to the information above.	
SECTION 3 — DRIVER AUTH	IORIZATION		
I hereby authorize the Depar the IID eligibility requiremen		rovide the information listed below for	a full assessment of
NAME OF IID INSTALLER		DRIVER'S SIGNATURE	DATE
		X	
	FOR DMV USE ONLY — AD	DITIONAL REQUIREMENTS	
not eligible for IID installation, driver needs:  If not eligible for IID removal, driver needs:			
☐ Suspension/Revocation not completed		Completion ofmonth program	
☐ Enrollment formonth	program	☐ IID term not completed	
☐ Completion of 12 months of 18	3-month program	☐ Contact county court (see below)	
Completion of 12 months of 30	. •	Other:	
SR 22 proof of financial respon		_ 0	
	•		
_		057.0505 (	
_		657-6525 for additional information	
	ent/incorrect information. Please p	rovide items checked above and resubmit.	
MAU Technician ID		Date Faxed to Installer	
		is addressed and may contain information that is part the intended recipient, or the employee or age	
		emination, distribution, or copying of this communic	
you received this in error, please notify			