Driver Solutions 300 SW 29th Street PO Box 2021 Topeka KS 66601-2021



Phone: 785-296-3671 Fax: 785-296-6851 www.ksrevenue.org Laura Kelly, Governor

IGNITION INTERLOCK TECHNICIAN APPLICATION \$40.00 n

New Application \$4	0.00	Backg	round ch	eck (KBI)	Renewal	Application Fee \$30.00
Name:						
Last		Middle		First		Date of Birth
Address:						
Phone Number	Street Email		City	State	ZIP	:4 Numera h ora
Phone Number					Social Secur	ity Number
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Do you currently have a valid driver license? Yes No If no, explain: D.L. Number						
Citizenship: USA Other Do you read, speak, write & understand English? Specify: Yes No						
Background						
Have your driving privileges ever been revoked, suspended, or cancelled in any State? Yes No						
Have you ever been convicted of, forfeited bond, or are you currently on probation for any felony (or any equal offense under military law)? A felony is defined by K.S.A. 21-5102(a) Yes No						
Training						
Are you certified to install interlock devices? Yes Breath-Alcohol Operators Permit No.						
The certification date and name of manufacturer of the ignition interlock device. Date Manufacturer Name						
Experience						
List any experience in providing the services of installation, removal, and servicing ignition interlock devices in other jurisdictions:						
Training from Manufacturer: Yes No Name of Manufacturer: Date of Training:						
(Use separate sheet if needed)						

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GOVERNOR JEFF COLYER, M.D. SAMUEL M. WILLIAMS, SECRETARY

The Kansas Department of Revenue may deny, suspend, or revoke the privilege of installing an ignition interlock device or the privilege of being an installer for any violation of the law, rules, or regulations relating to the installation, removal, and servicing of such device thereof. The Department may deny, revoke or suspend the installer for the following:

- 1. Knowingly presenting false or misleading information to the Department.
- 2. Failure or refusal to permit the Department to inspect, audit or investigate the premises, the installation records, etc.
- 3. Failure to submit the application with supporting documentation within the prescribed time limit.
- 4. Failure to maintain Department approved standards in instruction, equipment, or facilities.
- 5. The presence of alcoholic beverages or narcotic drugs on the premises.
- 6. A valid license

I affirm that I have read and understand the obligations of the Ignition Interlock Device installer set forth in the *Rules of Ignition Interlock Device Program* 92-56-1-9 and am fully capable of carrying out said obligations. I give consent for the Kansas Department of Revenue to conduct whatever investigations necessary to determine my eligibility. I understand that false, misleading, or incomplete information in my application may result in denial, cancellation, suspension, or revocation of my application, as well as possible criminal prosecution and civil action. Under penalty of perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true, and correct.

Signature: _____

Date: _____

All application must be sent to the Attn: Laurie Martinez, KHP Headquarters, 122 SW 7th St, Topeka KS 66603 or KHP.Interlock@ks.gov 785-296-5966

For Office Use Only								
Reviewed by:	Date							
Approved Denied								
Payment Received Amount:								
	VOID							
	Without State Seal							