



## KANSAS IGNITION INTERLOCK INSTALLATION/REMOVAL VERIFICATION

### NOTE TO DRIVER:

Present this form to the Service Provider or Regional Representative of your choice at the time of installation or removal of any device. Check the status of your driver's license at [www.kdor.ks.gov/apps/dlstatus/login](http://www.kdor.ks.gov/apps/dlstatus/login).

### NOTE TO SERVICE PROVIDER:

Complete this form upon installation or removal of any device and fax to Driver Solutions at (785) 296- 6851.

K.A.R. 92-56-8c (1-2) (c) upon **removal of the device**, the **service provider** shall ensure that both of the following occur:

- (1) The driver is provided with a report showing the removal of the device.
- (2) The division is notified, in the form and format designated by the division.

Name	Date of Birth	Driver License Number	DL's State
Address	City	State	Zip

**INSTALLATION**

Date of Installation \_\_\_\_\_

Approved Kansas Service Manufacturer \_\_\_\_\_

Service Center Name \_\_\_\_\_

Device Model No: \_\_\_\_\_

Manufacturer Phone No. \_\_\_\_\_

Automobile Make \_\_\_\_\_

Automobile Model \_\_\_\_\_

Year \_\_\_\_\_ Automobile Switch

Signature of Installer \_\_\_\_\_

**REMOVAL**

Date of Removal \_\_\_\_\_

Non-Compliant removal Reason: \_\_\_\_\_

Compliant Removal

Approved Kansas Service Manufacturer \_\_\_\_\_

Service Center Name \_\_\_\_\_

Device Model No: \_\_\_\_\_

Manufacturer Phone No. \_\_\_\_\_

Automobile Make \_\_\_\_\_

Automobile Model \_\_\_\_\_

Year \_\_\_\_\_ Automobile Switch

Signature of Installer \_\_\_\_\_

Date of Installation \_\_\_\_\_

Approved Kansas Service Manufacturer \_\_\_\_\_

Service Center Name \_\_\_\_\_

Device Model No: \_\_\_\_\_

Manufacturer Phone No. \_\_\_\_\_

Automobile Make \_\_\_\_\_

Automobile Model \_\_\_\_\_

Year \_\_\_\_\_ Automobile Switch

Signature of Installer \_\_\_\_\_

Date of Removal \_\_\_\_\_

Non-Compliant removal Reason: \_\_\_\_\_

Compliant Removal

Approved Kansas Service Manufacturer \_\_\_\_\_

Service Center Name \_\_\_\_\_

Device Model No: \_\_\_\_\_

Manufacturer Phone No. \_\_\_\_\_

Automobile Make \_\_\_\_\_

Automobile Model \_\_\_\_\_

Year \_\_\_\_\_ Automobile Switch

Signature of Installer \_\_\_\_\_