

122 S.W. 7 th Street Topeka, KS 66603	 Kansas Highway Patrol	phone: 785-296-6800 fax: 785-296-5956 www.KansasHighwayPatrol.org
Erik Smith, Superintendent		Laura Kelly, Governor

For Office Use Only			
Service ID _____	Date Rcd _____	<input type="checkbox"/> INSPIRE	
Ignition Interlock Service Center Application <input type="checkbox"/> \$100.00 Application Fee (nonrefundable) Address change <input type="checkbox"/> No fee for address change			
Installing Service Center Name _____	Service Center Phone _____	Service Center Fax _____	
Installing Service Center Mailing Address _____	City _____	State _____	Zip Code _____
Installing Service Center Physical Address _____	City _____	State _____	Zip Code _____
Service Center Manager Name _____	Phone _____	Manufacturer Name _____	State Contact _____
<input type="checkbox"/> Proof of liability insurance (for each service center) 92-56-2 (5) <input type="checkbox"/> Copy of lease agreement 92-56-4(6ef4) <input type="checkbox"/> IIDF-3 Service Center Information sheet <input type="checkbox"/> List of names/addresses of current installers 92-56-1(G-4) <input type="checkbox"/> INSPIRE Database			
<p>I hereby apply for the Ignition Interlock Service Center Certificate which shall be valid for three (3) years (K.S.A. 92-56-2 (8e)) unless established for a period of 3 years or more or location change. I affirm that I have read and understand the obligations of the Ignition Interlock Device Provider set forth in the <i>Rules & Regulations of Ignition Interlock Device Program</i> 92-56-1-9 and I am fully capable of carrying out said obligations. I give consent for the Kansas Highway Patrol to conduct whatever investigations necessary to determine my eligibility to hold such Certificate. I understand that false, misleading, or incomplete information in my application may result in denial, cancellation, suspension, or revocation of the Certificate, 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.</p>			
Signature: _____		Date: _____	
All applications must be entered into INSPIRE Database. Contact information: Laurie Martinez. 785-296-5966 or LMartinez@ks.gov			

District No. _____ County Name: _____ Ignition Interlock Manufacturer Name: _____

ID Number: _____

(THIS IS FOR AUTOMATION AND WILL BE GIVEN BY KDOR-IT DEPARTMENT AFTER APPROVAL)

Service Center Name:	
Owner:	
Service Manager:	
Accounts Payable:	
Installer Name & Address:	
Installer Name & Address:	
Installer Name & Address:	
Installer Name & Address:	
Service Center Address:	
Primary Phone:	
Mobile Phone:	
Fax:	
Email:	
Website Address:	
Hours of Operation M-F:	
Sat:	
Sun:	
Services Excluded:	
Specialty Services:	