

IGNITION INTERLOCK MANUFACTURER APPLICATION

<input type="checkbox"/> Initial Ignition Interlock Device Certification				<input type="checkbox"/> Renewal of Ignition Interlock Device Certification			
Manufacturer Information 92-56-2(1)				<input type="checkbox"/> \$2500.00 Application Fee (nonrefundable)			
Name of Manufacturer							
Address							
Street			City		ST.	ZIP	
Phone Number							
Device Certification 92-56-2(2-3) all devices will be retained after testing. *User Interface Device or Handset=UID *Vehicle Interface Device=VID							
Name of device		UID Serial #		VID Serial #			
Name of device		UID Serial #		VID Serial #			
Once the device has been approved by KDHE, the manufacturer has 6 months to provide the following:							
Representative for Kansas 92-56-2(6)				<input type="checkbox"/> \$2500.00 6 months Certification Fee (New Application)			
Name							
Address (physical location)							
Street			City		ST.	ZIP	
Mailing Address (if different)							
Street			City		ST.	ZIP	
Phone Number							
Liability Insurance 92-56-2(5) & 92-56-3							
Business License Number (FEIN)				County			
Liability Insurance Carrier							
Policy Number				Effective Dates of Policy			
				<i>From</i>		<i>To</i>	
Agent Name				Phone Number			
24/7 Phone Coverage 92-56-2(4)							

Phone Number

Distribution 92-56-2, 4(6ef4) & 8(j1-3)

- List of names/addresses of current installers 92-56-1(G-4)
- Map of Kansas showing area covered by each service center provider's fixed site 92-56-1(G-4)
- Proof of liability insurance (for each service center) 92-56-2 (5)
- Copy of lease agreement 92-56-4(6ef4)
- Copy of signage of locations 92-56-4(6ef4)
- Copy of waiting rooms 92-56-4(6ef4)
- Copy of bathrooms 92-56-4(6ef4)
- Copy of installation bins 92-56-4(6ef4)
- Copy of fee schedule 92-56-2 (8i)
- Copy of training material 92-56-2 (8h)
- Copy of a Wet/Dry Bath Calibrator user manual for each different calibration machine used by your Company 92-56-2 (8h)
- Statement that they have read, understand and agree to uphold rules governing KS BAIID providers(below)
- Statement agreeing to indemnification and hold harmless provisions on letterhead
- Sales brochures or other informational material available at no cost to the state 92-56-2(8h)
- Copy of each service center information sheet. – IIDF3

New applicants: Upon completion of the 6 months, the division will certify the manufacturer if all requirements have been met. The manufacturer will remit the remainder of the application fee. Certification is valid for 3 years from date of certification. Once approved applicant will receive a log-on for the INSPIRE Database. Applicant must enter all information into the INSPIRE Database. If all requirements have not been met the manufacturer will receive a denial letter.

I hereby apply for the Ignition Interlock Provider Certificate which shall be valid for three (3) years (K.S.A. 92-56-2 (8e)). I affirm that I have read and understand the obligations of the Ignition Interlock Device Provider set forth in the *Rules & Regulations of Ignition Interlock Device Program 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.

Printed Name: _____

Signature: _____

Date: _____

122 S.W. 7th Street
Topeka, KS 66603



Erik Smith, Superintendent

Highway Patrol

phone: 785-296-6800
fax: 785-296-5956
www.KansasHighwayPatrol.org

Laura Kelly, Governor

<p>New applications: (\$2500.00 6 months certification for KHP; non-refundable)</p> <ol style="list-style-type: none"> 1) Fill out Manufacturer information 2) Device Certification 3) Once device has been approved by KDHE, the manufacturer has 6 months to provide the information beginning with Representative through Provider Certification statement. 4) Sign and date application 5) Approved by KDHE (\$4000.00) and KHP (\$2500.00 3-year certification, non-refundable) 6) Return to: Attn: Laurie Martinez KHP 700 SW Jackson, Ste. 700 Topeka KS 66603 	<p>Recertification provides the following:</p> <ol style="list-style-type: none"> 1) Fill out Manufacturer information 2) Device Certification 3) Representative for Kansas 4) Liability Insurance 5) 24/7 Phone coverage 6) Distribution section 7) Read Ignition Interlock Provider statement, sign and date application <p>Once device has been approved by KDHE (\$4000.00), the certification is valid for 3 years. (\$2500.00 KHP)</p>
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For KHP use only

Reviewed by:		Date	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied		
<input type="checkbox"/> Payment Received	Amount:		

For KDHE use only

NHTSA Approval date:

Sample provided <input type="checkbox"/> Yes <input type="checkbox"/> No	KDHE Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Date approved: _____	
Name of Testing Laboratory Representative in Charge of Testing	Ignition Interlock Device Model Number
The _____, manufactured by _____	
Ignition Interlock Make and Model Name	
_____, was tested by _____	
Manufacturer Name	Laboratory Name

VOID
Without State Seal