



## IGNITION INTERLOCK TECHNICIAN APPLICATION

**New Application (\$40.00)**     **Background check (KBI)**     **Renewal Application (\$30.00)**

<b>Name:</b>			
<b>Last</b>	<b>Middle</b>	<b>First</b>	<b>Date of Birth</b>
<b>Address:</b>			
<b>Street</b>		<b>City</b>	<b>State</b>
		<b>Zip</b>	
<b>Phone Number:</b>		<b>Email:</b>	
<b>Do you currently have a valid driver's license?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>If not, explain:</b>		<b>Driver's License #:</b>	
<b>Citizenship:</b> <input type="checkbox"/> <b>USA</b> <input type="checkbox"/> <b>Other</b> <b>Specify:</b>		<b>Do you read, speak, write &amp; understand English?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

### Background

**Have your driving privileges ever been revoked, suspended, or cancelled in any State?**     **Yes**     **No**  
**If yes, please explain:**

**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**  
**If yes, please explain:**

### Training & Experience

**Have you been certified by KHP to install interlock devices?**  
 **Yes**     **No**

The certification date and name of ignition interlock manufacturer of the ignition interlock device.  
**Date:** \_\_\_\_\_ **Ignition Interlock Manufacturer Name:** \_\_\_\_\_

List any experience in providing the services of installation, calibration, removal, and servicing of ignition interlock devices:

Has the manufacturer trained you how to install, remove, calibrate, and service an ignition interlock device?  
 Yes                       No

**Name of Manufacturer:** \_\_\_\_\_ **Date of Training:** \_\_\_\_\_

Are you familiar with the KAR 92-56-1-9 regulations?

Yes                       No

As an ignition interlock technician, I understand upon removal of the device I must provide the driver with a report showing the removal of the device and the manufacturer must provide Driver's Solutions notification of the removal.

(I understand if the driver wishes to have the device removed, I am obligated to remove the device and will report the removal to the manufacturer.)



The Kansas Highway Patrol may deny, suspend, or revoke the certification of installing an ignition interlock device or the privilege of being a technician for any violation of the law, rules, or regulations relating to the installation, calibration, removal, and servicing of such device thereof. KHP may deny, revoke or suspend the technician for the following:

1. Knowingly presenting false or misleading information to KHP or other state agencies.
2. Failure or refusal to permit KHP to inspect, audit or investigate the premises, the installation records, etc.
3. Failure to maintain KHP approved standards in instruction, equipment, or facilities.
4. The presence of alcoholic beverages or illegal substances on the premises.
5. Not maintaining a valid form of identification.

I affirm that I have read and understand the obligations of the Ignition Interlock Device technician set forth in the *Rules and Regulations of Ignition Interlock Device Program 92-56-1-9* and am fully capable of carrying out said obligations. I give consent for the Kansas Highway Patrol to conduct any and all 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:

**I agree my electronic signature is the legal equivalent of my manual/handwritten signature on this document.**

**All applications must be entered into INSPIRE Database and payment received before approval.**

**IID Compliance  
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