



Motor Vehicle Division

96-0172 R02/18 azdot.gov

Mail Drop 530M
Ignition Interlock Unit
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

INDEPENDENT LABORATORY
CERTIFICATION

Form with fields: Laboratory Name, Test Date, Street Address, City, State, Zip, Mailing Address, Contact Person Name, Phone Number, Ignition Interlock Device Name, Model Number, Name Under Which Device Is Marketed.

I certify that this laboratory is operated by a person or entity other than the manufacturer of any ignition interlock device; that the laboratory tested the device named above in accordance with Appendix A and B of the National Highway Traffic Safety Administration (NHTSA) specifications; that the device met or exceeded the test results required by those NHTSA specifications published at 78 FR26862 to 26867, May 8, 2013, as amended by NHTSA technical corrections published at FR16720 to 16723, March 30, 2015; that the laboratory used properly maintained equipment and trained personnel to test the device, and that this laboratory presented accurate test results.

Form with fields: Laboratory Representative Name (first, middle, last, suffix), Representative Signature