



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

IGNITION INTERLOCK
PROOF OF INSTALLATION

Customer Name: _____ DOB: _____ AZ Customer #: _____
Manufacturer: _____ Install Date: _____
Installing Location Name: _____
Address: _____ City: _____ State: _____ Zip: _____

I understand the following (please initial):

- How to use the certified ignition interlock device and operating the motor vehicle the device is installed in.
Cleaning and caring for the certified ignition interlock device.
Identifying and addressing vehicle malfunctions or repairs that may affect the certified ignition interlock device.
Example: Changing the battery.
How to obtain service and answers to any questions for the certified ignition interlock device.
How drinking alcohol or the consumption or use of certain items before a test may result in a reading of fail.
What will happen after failing a start-up breath alcohol test.
What events or actions will result in a lock-out of the certified ignition interlock device.
What actions will result in a violation under A.R.S. § 28-1461 and that all violations are automatically reported to MVD.
What will happen after a participant has a set of three valid consecutive and substantiated missed rolling retests within an 18 minute period; and that a participant shall not avoid compliance with the rolling retest requirement by turning off a motor vehicle's ignition. I also understand that I have (6) minutes to complete each rolling re-test.
How the device shall not be removed, except by the device manufacturers certified technician.
How noncompliance with a regularly scheduled calibrations shall result in suspension under A.R.S. § 28-1463 of the participant's driver privilege until proof of compliance is submitted to MVD under A.R.S. § 28-1461; and the duration of the participant's certified ignition interlock device requirement shall be extended under A.R.S. § 28-1461.
The interlock service center is a third party company and has no affiliation with MVD.
I must always practice safe driving when using the device.
A camera and a GPS system are required to be installed in my vehicle. Photographs of the entire cab, including passengers, will be captured once the breath sample is given.
Regardless of my installation date, in order to begin my required interlock time with MVD, I must present MVD this proof of installation and ensure all other statutory requirements are met or the cause for the action is removed.

I comfortably demonstrate the following:

- A properly delivered breath sample.

I have received and understand the following:

- The manufacturer's written instructions/operator manual.
The ADOT Motor Vehicle Division Certified Ignition Interlock (CCID) and/or the Special Ignition Interlock Restricted Drivers License (SIIRDL) Brochure.

Technician Signature: _____ Technician ID#: _____ Date: _____
Customer Signature: _____ Phone Number: () _____