



Motor Vehicle Division

99-0206 R10/18 azdot.gov

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

SERVICE CENTER TECHNICIAN APPLICATION

Service Center Technician Application Instructions

Before you begin completing this application please see <https://www.azleg.gov/arstitle/> Title 28, Chapter 4 for a copy of Arizona Revised Statutes and <https://www.azsos.gov/rules/arizona-administrative-code> Title 17, Chapter 5, Article 6 and 7 for a copy of the Arizona Administrative Code.

- When applying for a new location, this form cannot be used alone. This form must be used in conjunction with the Service Center Application #99-0207.
- When adding a new technician, this form may be submitted alone.

The following are definitions to help accurately fill out the application:

Manufacturer – person or organization that is located in the United States who is responsible for the design, construction, repair, or actual production of the ignition interlock device and whose device is certified by the Department for installation in motor vehicles in this state. The manufacturer is responsible for overseeing any subcontractors, including vendors and distributors, as well as overseeing the manufacturer’s Ignition Interlock Service Provider (IISP) to ensure adherence to all performance standards.

Residence Address – physical or rural route address. This cannot be a PO Box or Mail Drop Box.

Technician – person who is properly trained and certified by an IISP to calibrate, install, inspect, remove or service certified ignition interlock devices.

Primary Service Center – service center where the technician will be primarily located. If the technician assists another location on a temporary basis, a training certificate shall accompany the technician. The technician will use the same technician ID number at whichever service center they are providing service at. If the technician permanently changes primary service centers the Department shall be notified.

Mobile Services – extended ignition interlock service provided by an IISP or its agents or subcontractors, based out of the service center, and at a publicly accessible location other than the service center, that meets requirements of R17-5-618.

Please:

- Complete the application using your computer
- Provide all information requested in section 1 and 2
- Attach all of the required documents listed in section 3
- Application signed by technician
- Application signed by IISP
- Submit all documents to the Department via email or mail to:
 - Email - InterlockInvestigators@azdot.gov
 - Mail - Mail Drop 530M
Ignition Interlock Unit
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

Once the application is submitted (R17-5-622):

The Department shall within 10 days of receiving an application for certification provide notice to the IISP that the application is either complete or incomplete. The date of receipt is the date the Department receives the application.

- If the application is incomplete, the notice shall specifically identify what required information is missing. All missing information needs to be provided to the Department within 15 days of the date indicated on the notice.
- The Department may deny the application if the missing information is not provided to the Department within 15 days of the date indicated on the notice.
- After receiving all of the required information, the Department shall notify the applicant that the application is complete.
- The Department shall render a decision on the application within 30 days of the date indicated on the notice acknowledging receipt of a complete application.

Once the approval of the application is established, the Department shall assign a technician ID number. All services conducted by this technician shall be reported only under the assigned technician ID number.

If you have any questions concerning this form or any of the requirements please contact:

The Ignition Interlock Unit at InterlockInvestigators@azdot.gov

Section 1 – Technician Information

Application Date _____

Primary Service Center Information:

Service Center Name		MPI (only IF adding a new tech with existing service centers):		
Street Address	City	State	Zip	County
Mailing Address (if different)	City	State	Zip	County
Manufacturer	Approved Device Model(s)			

Secondary Service Center Information (if applicable):

Service Center Name		MPI (only IF adding a new tech with existing service centers):		
Street Address	City	State	Zip	County
Mailing Address (if different)	City	State	Zip	County

Technician Information:

Legal Name of Technician	Date of Birth	Driver License Number		State
Residence Address	City	State	Zip	County
Mailing Address (if different)	City	State	Zip	County

Will technician provide mobile services? Yes No

If Yes, I have read Arizona Administrative Code section R17-5-618 and all of Article 7 and understand my responsibilities and requirements as a mobile technician. Technician Initials: _____

Will technician need to drive a vehicle in accordance with R17-5-702? Yes No

Section 2 – Self Certification Questions

Technician

Have you been convicted of a felony criminal act in any jurisdiction or any foreign country within five years before the date of the application? Yes No

Have an active ignition interlock requirement? Yes No

Received a copy of Arizona Revised Statutes Title 28, Chapter 4 and Arizona Administrative Code Title 17, Chapter 5, Articles 6 and 7? Yes No

Received adequate training to understand how to calibrate, install, inspect, remove, or service ignition interlock devices? Yes No

Received adequate training on how to properly instruct participants on device operation and care? Yes No

Posted a copy of your training certificate issued by the manufacturer in a conspicuous location? Yes No

Section 3 – Required Documents:

- Copy of training certificate specifying the area(s) that the technician is trained to perform. Ex: calibrate, install, inspect, remove, or service.

Section 4 – Agreed Statements:

Certification of Technician

I certify that:

- All the information provided on this application, including all information on any attachments to the application form, is complete, true and correct.
- I agree to indemnify and hold harmless all liability the State of Arizona and any department, division, agency, officer, employee or agent of the State of Arizona.
- I agree to comply with all requirements of the Arizona Administrative Code, Title 17, Chapter 5, Articles 6 and 7.
- I agree to allow the IISP to perform background checks to conclude adequate public interest will be served in accordance with R17-5-702.
- I will comply with the installation requirements and understand that the Department supplied informational brochures, as well as the Proof of Installation Form, are required to be provided to all customers at installation.

Name of Technician	Date
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Signature of Technician

Certification of IISP

I certify that:

- All the information provided on this application, including all information on any attachments to the application form, is complete, true and correct.
- I agree to indemnify and hold harmless all liability the State of Arizona and any department, division, agency, officer, employee or agent of the State of Arizona.
- I agree to comply with all requirements of the Arizona Administrative Code, Title 17, Chapter 5, Article s 6 and 7.
- I have reviewed background checks in accordance with R17-5-702 on the above referenced technician and the technician meets standards.

Name of IISP	Date
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Signature of IISP

MVD Use

Date Received	Date Reviewed	Reviewer	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Technician ID Number	Comments		