

Service Center 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 must be used in conjunction with the Service Center Technician Application (99-0206) for any new technician(s).

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

Established Place of Business – business location that is approved by the Department, located in Arizona, not used as a residence, and where the Ignition Interlock Service Provider (IISP) or its agents or subcontractors provide authorized ignition interlock services.

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 IISP to ensure adherence to all performance standards.

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.

Contact Person – primary point of contact for the specific location. This person must be physically at the location most of the time in the event an investigator must call to schedule an inspection. May be an office manager or lead technician if the applicant is not available.

Please:

- Complete the application using your computer
- Provide all information requested in section 1 of the application
- Attach all of the required documents listed in section 2 of the application
- Application signed by each Applicant in section 1
- 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 (R17-5-621):

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 conduct an inspection of the service center prior to approval.
- 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.

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 – Service Center Information:

Application Date _____

Service Center Legal Name		Business License Number		
Established Place of Business	City	State	Zip	County
Mailing Address (if different)	City	State	Zip	County
Contact Person	Phone Number ()			
Manufacturer	Approved Device Model(s)			
Business Days and Hours M _____ to _____ Tu _____ to _____ W _____ to _____ Th _____ to _____ F _____ to _____ Sa _____ to _____ Su _____ to _____				
Business Type <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC (Limited Liability Company) <input type="checkbox"/> Other: _____				

Applicant(s): E.g., executive staff such as **owner**, partner, officer, director, agent, stockholder owning 20% or more of the corporation, or LLC manager.

Legal Name of Applicant	Signature		
Date of Birth	Driver License Number	State	
Title	Phone Number ()		

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Does this Service Center comply with all county and municipal zoning regulations for commercial business? *R17-5-621 (B)* Yes No

Does this Service Center provide a designated waiting area for the customer, which is separate from the installation area? *R17-5-618(F)* Yes No

Will this service center provide mobile services? *R17-5-618* Yes No

Will records be maintained at this address? *R17-5-612* Yes No

Section 2 – Required Documents:

- Copy of Current Business License – *R17-5-621 (B)(8)*
- Service Center Technician Application (99-0206) for any new technician(s) certified to work at this location.
- A list of any certified technician(s), with tech ID number, who are already certified under the IISP at a different service center and may be working at this location.

Section 3 – Agreed Statements:

I certify that:

- All information provided on this application, including information on any attachment to this application form, is complete, true and correct. I agree to immediately notify the Department of any changes to the information provided on this application.
- I agree to indemnify and hold harmless from all liability the State of Arizona and any department, division, agency, officer, employee or agent of the State of Arizona.
- The IISP and applicant agree to comply with all Arizona Administrative Code, Title 17, Chapter 5, Article 6 and 7.
- Applicants agree to allow the manufacturer and/or IISP to perform background checks to conclude adequate public interest in accordance with R17-5-702.
- This location will be staffed with at least one certified technician at all times during the designated business hours in accordance with R17-5-618.
- I consent to the Department’s periodic onsite inspections to determine that the service center is in compliance with the Department’s ignition interlock program requirements in accordance with R17-5-613.
- I have ensured that the location is properly staffed and stocked to adequately provide interlock services in accordance with R17-5-618.
- Only certified technicians, in accordance with R17-5-702, will perform interlock services at this location.

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
Authorization Number	Comments		