

Mail Drop 530M Ignition Interlock Unit Motor Vehicle Division Phoenix AZ 85001-2100 Fax: 602.712.4722

DRIVER IMPROVEMENT COMPLIANCE REPORT

99-0211 R03/25

azdot.go

Mail or Fax completed form

This form is used to submit Driver Improvement Compliance Reports. Participation in self-help group or peer support program, such as Alcoholics Anonymous or Narcotics Anonymous, Residential Facilities and Mother's Against Drunk Driving will **not** be accepted.

| Applicant Full Name (printed first, middle, last, suffix) | | | Driver License Nu | Driver License Number Date | |
|--|--|--|--|----------------------------|------|
| Violation Date(| (s) | | | | |
| Facility Name | | | Facility ID Number | Phone Number | |
| Facility Addres | ss | | City | State | Zip |
| | Select the appropriat | e compliance report: | | | |
| | ☐ Drug and Alcohol Screening Face-to-face interview conducted by a behavioral health professional or a behavioral health technician. Must administer at least one standardized test for measuring alcohol dependency or substance abuse. | | | | |
| Must be completed/ signed by a substance abuse counselor licensed/ certified in their appropriate state, the United States Department of Veterans Affairs, or a probation department | Completion Date: | | | | |
| | □ Drug and Alcohol Treatment Includes at least 20 hours of group counseling. Provided by a behavioral health professional or behavioral health technician. • Enrollment Date: | | | | |
| | Drug and Alcohol Education Includes of at least 16 hours of education in the classroom setting and is provided by a behavioral health professional or behavioral health technician. • Completion Date: | | | | |
| | ☐ Alcohol and Drug Screening In Lieu of Certified Ignition Interlock Device | approved by the department prior to submitting this form. Required every 30 days until the end of requirement. Face-to-face interview conducted by a behavioral health professional or a behavioral health technician. Must administer at least one standardized | | | |
| (| Completic | n Date: | | | |
| | | al license/certification | at submission. Certified Individual Signatu | uro. | Date |
| Certified Individual Name | | | Certilled individual Signatu | ii e | Date |