



Department of Public Safety
Driver License Division

Ignition Interlock Employment Exemption Affidavit

Driver Information:

Date: _____ Driver License Number: _____

Full Name: _____ Phone Number: _____

Address (Street, City, State, Zip): _____

Employer Information:

Company Name: _____ Date: _____

Address (Street, City, State, Zip): _____

Supervisor: _____ Phone Number: _____

Vehicle Make: _____ Model: _____ VIN Number: _____

Does applicant have any ownership in company? YES ☐ NO ☐

Is driver covered on company auto insurance? YES ☐ NO ☐

Insurance Company: _____ Phone Number: _____

Policy Number: _____ Group Number: _____

Disclaimer and Employer Signature

I am aware that the driver listed above is currently restricted to drive vehicles equipped with an ignition interlock device. I further understand that the ignition interlock exemption is only valid for operating a company vehicle for business purposes and not for personal use. I declare that the foregoing is true and correct.

Authorized By: _____ Title: _____

Signature: _____ Date: _____

If you have questions regarding this Employment Exemption Affidavit, please call 801.965.4421.