



IGNITION INTERLOCK EMPLOYMENT EXEMPTION AFFIDAVIT

State of Utah Ignition Interlock Program
Utah Driver License Division

Driver Information

Full Name: _____ Date: _____

Last
First
M.I.

Address: _____

Street Address
Suite / Unit #

City
State
Zip Code

Driver License Number: _____ Phone: _____

Employer Information

Company Name: _____ Date: _____

Address: _____

Street Address

City
State
Zip Code

Supervisor: _____ Phone: _____

Vehicle Make: _____ Model: _____ VIN # _____

Does applicant have any ownership in company? YES NO

Is driver covered on company auto insurance? YES NO Policy # _____

Insurance Company: _____ Phone # _____

Group # _____

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 personal use. I declare that the foregoing is true and correct.

Authorized by: _____ Title: _____

Printed Name

Signature: _____ Date: _____

This form may be faxed to (801) 964-4499. You may also bring this form to any Driver's License office or Mail this form to: PO Box 144501, Salt Lake City, Utah 84114-4501. If you have questions regarding this Employment Exemption Affidavit, please call 801-965-3813.