



REMOVAL FORM FOR IGNITION INTERLOCK DEVICE

INSTRUCTIONS:

- This form shall be completed by the provider/installer upon removal of the Ignition Interlock Device.
- This form shall be submitted to : **dngardner@utah.gov** .
- **Upon removal of the interlock, client will be responsible for returning to provider.**

SECTION 1: DRIVER INFORMATION

FULL LEGAL NAME (<i>Print</i>)		EMAIL		PHONE	
STREET ADDRESS		CITY		STATE	ZIP
MAILING ADDRESS (<i>if different from street address</i>)		CITY		STATE	ZIP
DRIVER LICENSE #		DATE OF BIRTH (<i>mm/dd/yyyy</i>)			
PLATE #	VIN #	YEAR	MAKE	MODEL	

SECTION 2: DEVICE INFORMATION

Handset Serial
Blocker Serial
Camera
Model

SECTION 3: SERVICE CENTER INFORMATION

COMPANY NAME		EMAIL		PHONE	
STREET ADDRESS		CITY		STATE	ZIP

SECTION 4: TECHNICIAN SIGNATURE & DATE

_____	_____	_____
TECHNICIAN NAME (<i>Print</i>)	TECHNICIAN SIGNATURE	REMOVAL DATE