



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, email it to DL DUI@utah.gov or you may also bring this form to any Driver 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 801.965.4421.