

SELF-CERTIFICATION OF VEHICLE(S) TO BE OPERATED

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION

THIS FORM IS TO BE RETURNED TO THE CUSTOMER ONCE COMPLETED. SEE BACK OF THIS FORM FOR INSTRUCTIONS

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A	DRIVER INFORMATION						
	ame			Driver License Number			
	F	T 014.			0: 4-	7. 0.4.	
	Address: A P.O. Box number may be used in addition to the actual residence address, but cannot be used as the only address.	City			State	Zip Code	
	1						
В	VEHICLE INFORMATION (List all vehicles to be operated)						
Ī	- (
	e # VIN # Year/Make						
	Plate # Title # VIN		TOUT/WARC				
	Distant Title # VIII	Title # VIN # Year/Make					
	Plate # Title # VII	Title # VIN # Year/Make					
	to # Vini # Voor/Moko						
	Plate # Title # VIN # Year/Make						
	CTATEMENT OF VEHICLE(S) TO BE OBEDATED (Commission statement)						
Ч	C STATEMENT OF VEHICLE(S) TO BE OPERATED (Complete statement)						
	l	I, hereby state that I will only operatate the vehicle(s) listed					
	PLEASE PRINT NAME in section B.						
	I certify that all information given on this statement is true and correct, and hereby acknowledge that I understand the ignition						
	interlock vendor is not responsible for determining my eligibili	interlock vendor is not responsible for determining my eligibility for an Ignition Interlock Limited License.					
	SIGNATURE IN INK DATE						
	WARNING: Misstatement of facts is a misdemeanor of the third degree punishable by fine of up to \$2,500.00 and/or imprisonment					nment	
	up to one year (18 Pa. C.S. Section 4904(b))						
႕	OTATEMENT OF VENDOD :						
D	STATEMENT OF VENDOR (Complete statement)						
	Vendor Name			Phone Number			
H	Vendor Address	City		St	ate	Zip Code	
ŀ	Vendor Address	- Oity			aic	21p 0000	
- 1	I, hereby state that an ignition interlock system was installed on the vehicle(s) PRINT NAME listed in Section B on date installed						
	I certify that all information given on this statement is true and correct.						
	SIGNATURE IN INK				DATE		
	WARNING: Misstatement of facts is a misdemeanor of the third degree punishable by fine of up to \$2,500.00 and/or imprisonment						
	up to one year (18 Pa. C.S. Section 4904(b))	up to one year (18 Pa. C.S. Section 4904(b))					
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CUSTOMER INSTRUCTIONS FOR COMPLETING THIS FORM

This form is to be completed when you are petitioning for an Ignition Interlock Limited License. The completed form is required to be submited with your petition. DO NOT CONTACT AN IGNITION INTERLOCK VENDOR TO INSTALL AN IGNITION INTERLOCK (II) SYSTEM UNTIL YOU HAVE RECEIVED AN OFFICIAL NOTICE OF SUSPENSION OR REVOCATION FROM THE DEPARTMENT. In order for a vendor to install an II system, you must present them with your notice of suspension or revocation. For a list of approved vendors, go to the Pennsylvania DUI Association webpage at padui.org, and click on the Ignition Interlock Vendors link in the middle of the homepage. If you do not have access to the internet, please call the Pennsylvania DUI Association at 1-800-627-2384 for vendor information. All II systems are leased from the Installation Service Centers. After an ignition interlock system is installed, the vendor will complete Section D, make a copy of the form, and provide you with the original form.

SECTION A - DRIVER INFORMATION

List full name and driver number. You will find your driver number listed in your suspension or revocation notice and restoration requirements letter. You can also obtain your driver number by calling the department's Customer Care Center at 717-412-5300, or by visiting our website at www.dmv.pa.gov to obtain a restoration requirements letter.

SECTION B - VEHICLE INFORMATION

List all vehicles to be operated. The title #, tag #, VIN #, and make of vehicle can be found on the registration card. You will be required to show a valid registration and proof of motor vehicle insurance. For additional vehicles, please attach a seperate listing to this form.

SECTION C - STATEMENT OF VEHICLES TO BE OPERATED

Complete this section by printing your name, signing your name, and dating. Misstatement of facts could result in fines and/or imprisonment.

VENDOR INSTRUCTIONS FOR COMPLETING THIS FORM

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SECTION D - STATEMENT OF THE VENDOR

This form should only be completed and an ignition interlock system installed if the customer presents their official notice of suspension or revocation from the department.

After the installation has been completed, complete Section D by listing the date the ignition interlock system was installed by the installation center, printing your name, signing your name, and dating. Once completed, the original form is to be returned to the customer. A copy of the completed form should be made and kept on file.

NOTE: Section D is to be completed by the vendor employees authorized by the department.