



# IGNITION INTERLOCK MANUFACTURER APPLICATION

Company Name			
Mailing Address	City	State	Zip
Street Address	City	State	Zip
Business Type <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC (Limited Liability Company) <input type="checkbox"/> Other:			
Contact Person Name (first, middle, last)		Phone Number (    )	Fax Number (    )
Ignition Interlock Device Name	Model Number	Name Under Which Device Will Be Marketed	

Applicants: Owner, Partner, Officer, Director, Agent, Stockholder owning 20% or more of the corporation, or LLC Manager

Name (first, middle, last, suffix)		Title	
Residence Address	City	State	Zip
Name		Title	
Residence Address	City	State	Zip
Name		Title	
Residence Address	City	State	Zip
Name		Title	
Residence Address	City	State	Zip

I have attached the following:

- Detailed description, including a photograph, drawing or other graphic depiction, of the device.
- Complete technical specifications describing accuracy, reliability, security, data collection and recording, and tamper detection of the device.
- Complete laboratory report (with certification form). Device must meet or exceed the test results required by Sections 1 and 2 of the NHTSA specifications published at 57 FR 11772 to 11787, April 7, 1992.
- Complete list of the authorized installers (including name, business address, phone number, contact person and hours of operation).
- Document containing complete written instructions provided to authorized installers for installation, operation, service, repair and removal of the device, including the instruction to conspicuously affix a warning label to each installed device as follows:
  - Label must be orange in color and contain the following language in black letters:

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**Warning!**  
 Any person tampering with,  
 circumventing, or otherwise misusing  
 this Ignition Interlock Device,  
 is guilty of a Class 1 misdemeanor

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- "Warning!" must be of a size appropriate to each device model

- Size of the label is to be determined by the manufacturer to fit the device and its component parts.
  - The label may be affixed to any component of the device that could show signs of tampering or circumvention or misuse of the device.
- Document containing the complete written instructions provided to participants and other operators of a vehicle equipped with the device.
- Copy of the certificate of product liability insurance for the device indicating the following:
- Product liability coverage, with the current effective date.
  - Name and model number of the device.
  - Policy limit of a least \$1,000,000.
  - The manufacturer as the insured and the Motor Vehicle Division as an additional insured.
  - Statement that product liability coverage includes defects in manufacture, materials, design, calibration, installation, operation, service, repair and removal of the device.
  - Statement that the insurance company will notify the Motor Vehicle Division 30 days before cancellation of the product liability policy.

The manufacturer agrees to indemnify and hold the State of Arizona, Motor Vehicle Division and any department, division, agency, officer, employee or agent of the State of Arizona harmless from all liability for damage to property and injury to any person arising, directly or indirectly, out of any act or omission by the manufacturer or authorized installer appointed by the manufacturer relating to use of the ignition interlock device. In the event of litigation, the manufacturer agrees to indemnify and hold the State of Arizona, Motor Vehicle Division and any department, division, agency, officer, employee or agent of the State of Arizona harmless from all court costs, expenses of litigation and reasonable attorney fees.

The manufacturer agrees to comply with the 0.03 breath alcohol level established by the Motor Vehicle Division for certified ignition interlock devices and to comply with the requirements of Arizona Administrative Code.

The manufacturer certifies that all information on this application and all attachments are complete, true and correct.

Manufacturer Representative Name (first, middle, last)	Representative Signature
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Acknowledged before me this date.	Notary or MVD Agent Signature		
Date	County	State	Commission Expires

MVD Use			
Date Received	Date Reviewed	Reviewer	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorization Number	Comments		