



STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
DRIVER SERVICES DIVISION
60 State Street, Wethersfield, CT 06161-2525
TELEPHONE: (860) 263-5720

INSTRUCTIONS (Please print or type):

1. Return this form with Part 1 completed by operator.
2. You must submit a check or money order payable to the DMV for the Ignition Interlock Device non-refundable administration fee in the amount of \$100.00.
3. You must have a valid operator's license prior to being restored with the IID restriction.
4. Vehicle(s) listed below must have a valid registration.
5. If you are not the owner of record for a vehicle listed for IID installation, you must have an Installation Authorization (P-248) form completed and signed by the owner of such vehicle(s).
6. To change any of the vehicles listed on this form, submit a completed IID change of Record (P-247) form.

YOUR OFFICIAL DRIVING HISTORY WILL BE REVIEWED AS PART OF THIS APPLICATION.

PART 1 - OPERATOR

APPLICANT'S NAME (As it appears on your operator's license)			(Last)	(First)	(Middle)	DATE OF BIRTH
LICENSING STATE	OPERATOR LICENSE NUMBER		(AREA CODE) HOME TELEPHONE NUMBER			
MAILING ADDRESS		(Number and Street)	(City or Town)	(State)	(Zip Code)	
YEAR	MAKE	REG. PLATE #		STATE		

OPERATOR CERTIFICATION

Following approval by the Department of Motor Vehicles, I understand I must carry this application in any motor vehicle I operate, and that I must present this document to any representative of the Commissioner of Motor Vehicles or law enforcement officer.

I understand that I must have an IID in each vehicle that I own or operate during the entire time that I am subject to an IID restriction, and that such device must be maintained and calibrated in accordance with DMV regulations.

The statements and information provided to the Commissioner of Motor Vehicles herein are subscribed by me, the undersigned, under penalty of false statement, in accordance with the provisions of Sections 14-110 and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement herein which I do not believe to be true, with the intent to mislead the Commissioner, I will be subject to prosecution.

SIGNATURE	DATE SIGNED
X	

PART 2 - INSTALLER

VEHICLE IDENTIFICATION NUMBER (VIN)	YEAR	MAKE	MODEL	REG. PLATE #	STATE
IID TYPE	IID MODEL	IID SERIAL #	IID VENDOR		

INSTALLED AT (Printed Business Name and Address):

VEHICLE IDENTIFICATION NUMBER (VIN)	YEAR	MAKE	MODEL	REG. PLATE #	STATE
IID TYPE	IID MODEL	IID SERIAL #	IID VENDOR		

INSTALLED AT (Printed Business Name and Address):

VEHICLE IDENTIFICATION NUMBER (VIN)	YEAR	MAKE	MODEL	REG. PLATE #	STATE
IID TYPE	IID MODEL	IID SERIAL #	IID VENDOR		

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SIGNATURE OF INSTALLER	DATE	PRINTED NAME OF INSTALLER (Last, First, Middle)
X		