



STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
 DRIVER SERVICES DIVISION
 60 STATE STREET, WETHERSFIELD, CT 06161-2525
 TELEPHONE: (860) 263-5720
 ON THE WEB AT ct.gov/dmv

INSTRUCTIONS (please print or type):

1. Return completed form which must include the original signatures of both the operator and IID installer to the address noted above.
2. Not valid without original signatures of operator and installer.
3. All vehicles owned or operated by you must be listed.
4. Use additional forms if needed.
5. If you are not the owner(s) of record for the vehicle(s) listed for IID installation, you must have an Installation Authorization (P-248) form completed and signed by the owner(s) of such vehicle(s).
6. Vehicle(s) listed below must have a valid registration.

THIS APPLICATION MUST BE SUBMITTED TO VERIFY IGNITION INTERLOCK DEVICE(S) RECORD CHANGES.

PART 1 - (OPERATOR COMPLETES) OPERATOR INFORMATION CHANGED

CURRENT OPERATOR INFORMATION	NAME AND ADDRESS	DATE OF BIRTH	OPERATOR LICENSE NUMBER
-------------------------------------	------------------	---------------	-------------------------

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.

OPERATOR SIGNATURE	DATE	PRINTED NAME (First, Last, Middle)
X		

PART 2 - (INSTALLER COMPLETES) VEHICLE INFORMATION

CURRENT VEHICLE INFORMATION	VEHICLE IDENTIFICATION NUMBER (VIN)	YEAR	MAKE	MODEL	REG. PLATE #	STATE	<input type="checkbox"/> VEHICLE REMOVED FROM SERVICE
------------------------------------	-------------------------------------	------	------	-------	--------------	-------	---

DATE VEHICLE REMOVED FROM IID SERVICE:

REASON:

NEW VEHICLE INFORMATION	VEHICLE IDENTIFICATION NUMBER (VIN)	YEAR	MAKE	MODEL	REG. PLATE #	STATE
--------------------------------	-------------------------------------	------	------	-------	--------------	-------

PART 2a - IGNITION INTERLOCK DEVICE RECORD CHANGE

CURRENT IID INFORMATION	IID TYPE	IID MODEL	IID SERIAL #	IID MANUFACTURER
--------------------------------	----------	-----------	--------------	------------------

NEW IID INFORMATION	IID TYPE	IID MODEL	IID SERIAL #	IID MANUFACTURER
----------------------------	----------	-----------	--------------	------------------

INSTALLED AT ((Name and Address):	DATE	SIGNATURE
		X

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