

AUTHORIZATION FORM
RS-4 REV. 6-2010

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
DRIVER SERVICES DIVISION
60 State Street, Wethersfield, CT 06161-2525
IGNITION INTERLOCK DEVICE PROGRAM



INSTALLATION AUTHORIZATION FORM

I hereby certify that I am the owner or agent of record for the registered vehicle listed below and grant my permission for the installation of an approved Ignition Interlock Device (IID) and the operation of said vehicle by the operator listed below. I understand that I must notify Driver Services Division of any change in the status of this vehicle.

CLEARLY PRINT THIS INFORMATION

VEHICLE INFORMATION

VEHICLE OWNER

ADDRESS

CITY

STATE

ZIP CODE

VEHICLE YEAR

MAKE

COLOR(S)

MODEL

REGISTRATION PLATE NUMBER

OPERATOR INFORMATION

Name of person authorized to operate the above registered IID equipped vehicle:

NAME

DATE OF BIRTH

ADDRESS

CITY

STATE

ZIP CODE

I swear or affirm under penalty of false statement in accordance with Connecticut General Statutes §14-110 and §53a-157, and subject to penalties for perjury for a deliberate false statement, that the above information and any attachment is true and correct.

PRINTED NAME OF OWNER

SIGNATURE OF OWNER

DATE SIGNED

Note: A separate form must be submitted for each vehicle to be operated under the IID Program that is not owned by the participant.