MINNESOTA DEPARTMENT OF PUBLIC SAFETY



Voluntary Withdrawal from the Ignition



Interlock Device Program

Instructions: If you are voluntarily withdrawing from the Ignition Interlock Device Program, you must use this form to notify Driver and Vehicle Services (DVS). Credit will be given for time spent on the program.

This form can be faxed to (651) 797-1299. You may also bring this form to any Driver Exam Station (Visit the DVS Website for all Office Locations) or mail this form to Driver and Vehicle Services, Ignition Interlock Unit, 445 Minnesota Street, Suite 177, St. Paul, Minnesota 55101. For questions, contact DVS at (651) 296-2948 or visit dvs.dps.mn.gov.

l,(First Name)	(Middle Name)	(Last Name)						ithdrawing from the			
Minnesota Igniti	on Interlock De	evice Program.	I under	stand that	my dri	ving	privile	ge will n	o longe	er be valid	
and/or limited.											
— Driver's License N	umber					_ [
First Name		Middle Name						Last Name			
Address									City/Sta	ate/Zip	
Home Telephone Number/Cell Phone						Date of Birth					
Signature										Date	

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