

## EMPLOYER IGNITION INTERLOCK DEVICE (IID) EXEMPTION

**EMPLOYER:** 1. Complete "Request For Exemption From IID Requirement" Section.

- 2. Give White Copy to employee.
- 3. Send Pink Copy to DMV, Driver Suspensions Unit, 1905 Lana Ave NE, Salem OR 97314.
- 4. Retain Yellow Copy. When employee is no longer required to drive vehicles registered to your company or if employment is terminated, complete "Employer Notification of Termination of Exemption" Section and send a copy to DMV.

**EMPLOYEE:** You **must** carry a copy of this exemption, *in addition to a valid driver license or valid hardship/probationary permit,* at all times when operating vehicles registered to your employer while driving for employment purposes.

To obtain the ending date of your IID requirement, call Customer Assistance at (503) 945-5000.

## REQUEST FOR EXEMPTION FROM IID REQUIREMENT

EMPLOYEE NAME	ODL / CUSTOMER NUMBER	DATE OF BIRTH
The above named employee is required to operate the employer's vehicles in the course of his/her employment.		
By completing and signing this form, I understand that the above named employee must have an IID installed in any motor vehicle he/she operates. However, I request the employee be exempted from this requirement for employment purposes while operating vehicles registered to the employer.		
PLEASE MARK THE APPROPRIATE BOX		

Drives company vehicle to and from work for employment purposes only.

Drives company vehicle on-the-job for employment purposes only.

Drives company vehicle to and from work and on-the-job for employment purposes only.

I certify that the information on this form is true and accurate and that I will notify DMV when the employee is no longer employed by this company or no longer required to operate company vehicles.

 EMPLOYER'S NAME (type or print)
 PHONE NUMBER

 EMPLOYER'S SIGNATURE
 Date

 X
 Date

 EMPLOYER NOTIFICATION OF TERMINATION OF EXEMPTION

 Employee no longer operates company vehicle(s).

 Employee no longer works for this company.