



South Carolina Department of Motor Vehicles
IGNITION INTERLOCK MEDICAL EXEMPTION CERTIFICATION

VS-004C
(Est. 1/1/09)

If you have a medical condition that you feel prevents you from being able to properly operate an Ignition Interlock Device, complete section I below. Once completed, you must have a Pulmonary Physician complete section II. Once section II is completed, you must submit form to Vendor for determination of your ability to operate a vehicle equipped with an Ignition Interlock Device.

SECTION I – DRIVER INFORMATION				
LAST NAME	FIRST NAME	MI	SUFFIX	DRIVER LICENSE #
STREET ADDRESS				
CITY	STATE		ZIP CODE	
SECTION II – PULMONARY PHYSICIAN CERTIFICATION				
PHYSICIAN NAME			PROFESSIONAL LICENSE NO.	
_____ Signature of Pulmonary Physician			_____ Date	
In your medical opinion does the driver mentioned in Section I above demonstrate normal lung capacity to successfully blow into a device for 5 seconds?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If not, does the driver mentioned in Section I above demonstrate enough lung capacity to successfully blow into a device for 2.5 seconds?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
SECTION III – VENDOR CERTIFICATION				
VENDOR NAME			TELEPHONE NUMBER	
VENDOR REPRESENTATIVE				
Status of Driver Request				
<input type="checkbox"/> Device installed				
<input type="checkbox"/> No device installed				
_____ Signature of Vendor Representative			_____ Date	

**Please return completed form to -
SC Department of Motor Vehicles, PO Box 1498, Blythewood, SC 29016**