



APPLICATION FOR IGNITION INTERLOCK ASSISTANCE



Date: _____

Wyoming Driver License # _____

Wyoming Family Services Client # _____

Applicant's Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

I hereby certify that my vehicle has been installed with the required ignition interlock device and I am eligible to receive reimbursement of one-half (1/2) the cost of the installation fee and monthly service fee(s) pursuant to W.S. 31-7-401(b)(vii).

Signature of Applicant

Signature of Witness

Approval for reimbursement of half the ignition interlock installation fee and monthly service fee(s) is based solely upon your enrollment and eligibility for the Wyoming Food Stamps program. If, for any reason, your eligibility is cancelled by Wyoming Department of Family Services, you will not be eligible for continued reimbursement.

Also, if you violate any of the conditions of maintaining the ignition interlock device on your vehicle or our records indicate you are attempting to circumvent the device, you will no longer be eligible for reimbursement.

Yes, applicant is eligible for reimbursement.

No, applicant is not eligible.

Reason for ineligibility: _____

Nancy A. Coyle, Senior Supervisor, Driver Services/Compliance

Date Approved