

Texas Department of Public Regulatory Services Division www.dps.texas.gov

MUST USE MOST CURRENT FORM

- PRINT CLEARLY IN BLACK or BLUE INK
- MAKE SURE ENTIRE CIRCLE IS **FILLED**

EXAMPLE:

Yes	
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No O

Ignition Interlock Device

IGNITION INTERLOCK DEVICE APPLICATION FOR DEVICE APPROVAL

PAYMENT INFORMATION

Device Application approval Fee - \$500 in the form of a check or money order payable to the Texas Department of Public Safety.

One Ignition Interlock Device review per application.

↑ THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY Ĵ

PART I. MANUFACTURER INFORMATION Manufacturer Name (as it appears on business records): Physical Address (No PO Box): City: State (2- Letter Code): Local Phone Number: Email Address: (if different from physical address): City: Contact Person First Name: Email of Contact Person: Business Owner First Name:				
Name (as it appears on business records): Physical Address (No PO Box): City: State (2- Letter Code): Toll-Free Phone Number: Email Address: Meb Address (if applicable): Mailing Address (if different from physical address): City: Contact Person First Name: Email of Contact Person: Business Owner First Name: Business Owner First Name: Last Name: State (2- Letter Code): ZIP: County: Examile (2- Letter Code): Contact Person Last Name: Email of Contact Person: Business Owner First Name:				
Physical Address (No PO Box): City: State (2- Letter Code): Toll-Free Phone Number: Email Address: Mailing Address (if applicable): Mailing Address (if different from physical address): City: Contact Person First Name: Email of Contact Person: Business Owner First Name: Business Owner First Name: State (2- Letter Code): Contact Person Last Name: Business Owner First Name: Business Owner First Name: Last Name:				
(No PO Box): City: Local Phone Number: Email Address: Mailing Address (if different from physical address): City: Contact Person First Name: Email of Contact Person: Business Owner First Name: State (2- Letter Code): ZIP: County: Count				
Local Phone Number: Email Address: Mailing Address (if different from physical address): City: Contact Person First Name: Email of Contact Person: Email of Contact Person: Email of Contact Person: Business Owner First Name: Business Owner First Name: Contact Person: Business Owner First Name: Local Phone Number of Contact Person: Business Owner First Name: Last Name: Email of Contact Person: Business Owner First Name: Last Name:				
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Contact Person First Name: Email of Contact Person: Business Owner First Name: Contact Person Last Name: Phone Number of Contact Person: Business Owner First Name: Business Owner Last Name:				
First Name: Email of Phone Number of Contact Person: Business Owner Business Owner First Name: Last Name: Last Name:				
Contact Person: Business Owner First Name: Contact Person: Business Owner Last Name:				
First Name: Last Name:				
Business Owner				
Business Owner Email: Business Owner Phone Number:				
PART II. DEVICE DESCRIPTION				
Name of Ignition Interlock Device (As it appears on the label):				
Model Number:				
Device Features:				
III. REQUIRED ITEMS				
O Production model of the device and any associated equipment necessary to the approval of the device model.				
O Operating and installation instructions for the device.				
Complete documentation of testing for NHTSA compliance.				
O Notarized document describing the results of the testing from each independent laboratory involved in establishing NHTSA compliance.				
PART IV. ACKNOWLEDGMENT				
I verify the information provided is true and correct, and I understand any required fee is non-refundable. I also understand this is an official government record and any missing information or false statement made on this document or any other supplement provided to DPS may result in criminal prosecution.				
Printed Name of Owner or Manager Signature of Owner or Manager Date				

This form and attachments can be forwarded by mail to:

Texas Department of Public Safety Ignition Interlock Device PO Box 15999 Austin, TX 78761-5999

Submission of page 2 is not required.

Privacy Policy Sec. 559.003. RIGHT TO NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES (a) Each state governmental body that collects information about an individual by means of a form that the individual completes and files with the governmental body in a paper format or in an electronic format on an Internet site shall prominently state, on the paper form and prominently post on the Internet site in connection with the electronic form, that: (1) with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual; (2) under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information; and (3) under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect. (b) Each state governmental body that collects information about an individual by means of an Internet site or that collects information about the computer network location or identity of a user of the Internet site shall prominently post on the Internet site what information is being collected through the site about the individual or about the computer network location or identity of a user of the site, including what information is being collected