



## VERIFICATION OF IGNITION INTERLOCK STATUS

DRIVER NAME <i>(Last, First, Middle Initial)</i>	DATE OF BIRTH	DRIVER LICENSE NUMBER	
IGNITION INTERLOCK COMPANY NAME		WASHINGTON BUSINESS LICENSE NUMBER	
MAILING ADDRESS			
CITY		STATE	ZIP
PRINT NAME OF COMPANY REPRESENTATIVE		(AREA CODE) TELEPHONE NUMBER	
<p><i>I hereby certify that a functioning ignition interlock, certified by the Washington State Patrol and calibrated to prevent the motor vehicle from being started when the breath sample provided has an alcohol concentration of 0.025 or more:</i></p> <p><input type="checkbox"/> <i>has been installed on a vehicle owned or operated by the driver listed above.</i></p> <p><input type="checkbox"/> <i>is no longer installed or functioning while required under RCW 46.20.720.</i></p> <p><b>X</b></p>			
SIGNATURE OF COMPANY REPRESENTATIVE		DATE SIGNED	PLACE SIGNED

*The Department of Licensing has a policy of providing equal access to its services.  
If you need special accommodation, please call (360) 902-3900 or TTY (360) 664-0116.*

**FAX completed form to (360) 664-2298**