THE BOARD OF TESTS FOR ALCOHOL AND DRUG INFLUENCE
APPLICATION FOR IGNITION INTERLOCK DEVICE CERTIFICATION

Instructions for completing this application

Thank you for your interest in providing ignition interlock services in the state of Oklahoma. Regardless of effective date, certifications expire on June 30th following certification.

Before you begin working on this application, please review the Administrative Rules regarding the ignition interlock program in Oklahoma. These rules are published in *The Oklahoma Administrative Code (O.A.C.), Title 40, Chapter 50.* A link to the Administrative Rules can be found at: **www.ignitioninterlock.ok.gov**.

Complete this application by typing or printing legibly. The Board of Tests will contact you regarding your submission. The Board may conduct compliance testing on the device submitted for certification.

Should you have questions concerning this application, please contact the Board of Tests at (405) 425-2460.

O.A.C 40:50-1-2(a) "No device may be used in the state of Oklahoma unless it has been approved by the Board in accordance with the requirements stated herein."

O.A.C 40:50-1-2(c) (4) "Devices shall use fuel cell technology for breath alcohol test or other alcohol-specific sensing technology approved by the Board en banc."

Section 1 – Manufacturing Entity Information.

Full legal name of the entity that manufactures the ignition interlock device model submitted for approval

Physical address of the entity that manufactures the ignition interlock device model submitted for approval

Mailing address of the entity that manufactures the ignition interlock device model submitted for approval

Manufacturing entity telephone number

Manufacturing entity fax number

Manufacturing entity web address

Section 2 – Manufacturer Representative Designation.

"Manufacturer representative means the individual designated by the manufacturer to act on behalf of or represent the manufacturer in all matters under the jurisdiction or consideration of the Board with respect to device certification" (O.A.C. 40:50-1-1.1).

Name of Manufacturer Representative

Title

Telephone number

E-mail address

Section 3 – Certifications.

The manufacturer requests certification by the Board of Tests for Alcohol and Drug Influence of the following ignition interlock device:

Ignition Interlock Device Manufacturer Name, Model and Version (list camera if applicable)

Section 4 – Required Items.

Please submit the certification package to the Board of Tests, PO Box 36307, Oklahoma City, OK, 73136, which contains the following:

- ❑ This completed application for certification.
- ❑ A certified check, cashier's check or money order in the amount of $1000.00 made payable to "The Board of Tests". This is an administrative fee.
- ❑ A written configuration profile for persons under the age of 21 and for persons 21 years of age or older.
- ❑ A warning label per 40:50-1-3(b)(3).
- ❑ A description of any anti-circumvention features to be utilized in Oklahoma.
- ❑ The internet web address, functional user name and password, assigned to the Board, that will allow the Board, or it's designee, 24 hour access to any and all electronically transferred information from a licensed service center or licensed ignition interlock technician including, but not limited to: Installation Reports, Monitor Reports, Violation Reports, Removal Reports, Service Reports, Participant Invoices and detailed/summary information retrieved from any data storage system.
- ❑ A written set of detailed operating instructions including installation, monitoring and removal procedures, a written copy of any training, educational guides or information given to the participants, any training videos or training aids used to train participants and the twenty-four (24) hour toll-free telephone number for emergencies resulting from the operation or use of the ignition interlock device.
- ❑ A notarized affidavit from a testing laboratory that includes:
    1. The name of the laboratory.
    2. The physical and mailing address and phone number of the testing laboratory.
    3. A copy of the applicable accreditation certificate for the testing laboratory.

    And certifies that the:
    1. Laboratory is an accredited, independent, third party laboratory not owned, operated or affiliated with a manufacturing entity of ignition interlock devices and no other conflict of interest exist.
    2. Laboratory tested the ignition interlock device model in accordance with the applicable Safety Tests set forth in the most current National Highway Traffic Safety Administration (NHTSA) ***Model Specifications for Breath Alcohol Ignition Interlock Devices (BAIIDs)*** 78 FR 26862 (2013-05-08).
    3. Ignition interlock device model met or exceeded the Safety Specifications set forth in the most current National Highway Traffic Safety Administration (NHTSA) ***Model Specifications for Breath Alcohol Ignition Interlock Devices (BAIIDs)*** 78 FR 26862 (2013-05-08).

- ❑ The Quality Assurance Plan created in accordance with the most current National Highway Traffic Safety Administration (NHTSA) ***Model Specifications for Breath Alcohol Ignition Interlock Devices (BAIIDs)*** 78 FR 26862 (2013-05-08).

- ❑ A certificate of insurance issued in accordance with 40:50-1-2(c)(3)(A)-(F).

Section 5 – Signature and Date.

My signature below, certifies, the information given in this application and all accompanying documents is true and correct to the best of my knowledge and ability.

_____ _____

Manufacture Representative's signature Date

Do not write below this line

Reviewed by _____ Date _____

❑ Approved ❑ Denied Manufacturer series number _____

Reviewer comments: