Board of Tests for Alcohol and Drug Influence

Enhancing public safety by ensuring the accuracy and scientific reliability of blood and breath testing.

Instructions for the Oklahoma Application and Foreign Installation Verification Forms

INTERLOCK TECHNICIAN

- Fill in each field in section 1 with the proper information.
- Review the Oklahoma Interlock Rules at: https://www.sos.ok.gov/oar/online/viewCode.aspx
- For the device model and version number, please consult our approved device list at: https://www.ok.gov/bot/ignition/app/list_manufacturers.php . Should you have further questions about the approved device please contact the Board of Tests at 405-425-2460.
- Verify the age of the participant and apply the correct settings.
- Install the device in accordance with manufacturer's specifications and Oklahoma's Rules.

INTERLOCK PARTICIPANT

- Fill in each field in section 2 with the proper information.
- Send the following to the Board of Tests:
  1. The completed Application and Foreign Installation Form.
  2. A business check, cashier's check or money order payable to "The Board of Tests" in the amount of $10.00 to the address listed below. We do not accept personal checks or cash.

The Board of Tests
Foreign Installation Verification
P.O. Box 36307
Oklahoma City, OK 73136-2307

Upon receipt, the forms will be reviewed for accuracy and completeness. Approved forms will be forwarded to the Oklahoma Department of Public Safety.

Should you have further questions about this form please contact the Board of Tests at 405-425-2460.

Oklahoma Ignition Interlock
Application and Foreign Installation Verification

Section 1

Installing Service Center Name _____ Service Center Phone ( ) _____ Service Center Fax ( ) _____

Installing Service Center Mailing Address _____ City _____ State _____ Zip Code _____

Installing Service Center Physical Address(if different than mailing address) _____ City _____ State _____ Zip Code _____

Vehicle Year _____ Make _____ Model _____ VIN _____

Tag State _____ Tag Number _____ Installation Date _____ Interlock Device Model _____ Handset Serial Number _____

- I have read, understand, and agree to comply with the Oklahoma ignition interlock rules and regulations published in the Oklahoma Administrative Code, Title 40, Chapter 50, section 1-1 *et seq.*
- I understand that failure to comply with the above listed Oklahoma ignition interlock rules and regulations could result in administrative action against the manufacturer of the installed device.
- All violation reports must be sent to the Oklahoma Department of Public Safety, Attn: Larry Williamson, PO Box 11415 Oklahoma City, OK 73136.

Installing Technician's Printed Name _____ Installing Technician's Signature _____

VOID without $10.00 Decal

Section 2

Participant Name _____ Date of Birth _____ Program Length (months) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone ( ) _____ Other Phone ( ) _____ DL State _____ DL Number _____

- **Three penalty fails, at startup, within a fifteen (15) minute time frame.**
- **Any circumvention.**
- **Three retest violations. Each retest violation thereafter constitutes a reportable violation.**
- **Removal of the interlock device except:**

  (A)Upon receipt of documentation from the Installation Authority or Monitor authorizing said removal.

  (B)The vehicle is being repaired. The interlock participant must inform the service center at least every eight days as to the anticipated date of completion of repairs.

  (C)The vehicle is being replaced. The re-installation of the device in the subsequent vehicle must be accomplished within eight days of the removal.
- **Tampering: "any act or attempt to alter, interfere, disable, defeat, or circumvent the installation or operation of the device".**
- **Absconding: "failure of an interlock program participant to remedy a permanent lockout in accordance with these rules within 30 days of the occurrence of such permanent lockout" O.A.C 40:50-1-1.1**

By signing this form I affirm I have read, or have had read to me, and understand the reportable violations defined in the Oklahoma Administrative Code Title 40:50-1-3.2 "Reportable Violations" as described above. I understand that I am responsible for any and all violations recorded by the ignition interlock device or observed by a technician.

Interlock Participant Signature _____

For Office Use Only

Reviewed by: _____ Date: _____

☐Approved ☐Denied _____

☐Payment Received_____ Amount: _____

09/2016