

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 for Foreign Installation Verification

(Failure to follow these instructions will delay processing.)

INTERLOCK TECHNICIAN:

- Fill in each field in Section 1 with the proper information.
- Review the Oklahoma Interlock Rules (Title 40, Chapter 50) at:
<http://www.oar.state.ok.us>
- 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 devices please contact the Board of Tests at 405-425-2460.
- Install the device in accordance with the manufacturer's specifications and Oklahoma's Rules, and apply the correct settings to the device.

INTERLOCK PARTICIPANT:

- Fill in each field in Section 2 with the proper information.
- Mail** the following items to the Board of Tests (address listed below):
 1. The completed Application for Foreign Installation Verification Form.
(Incomplete forms will be returned to the participant.)
 2. A business check, cashier's check, or money order payable to "The Board of Tests" in the amount of \$10.00. 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 for Foreign Installation Verification

Section 1

<hr/> Installing Service Center Name	() <hr/> Service Center Phone	() <hr/> Service Center Fax
<hr/> Installing Service Center Mailing Address	<hr/> City	<hr/> State
	<hr/> Zip Code	
<hr/> Installing Service Center Physical Address (if different than mailing address)	<hr/> City	<hr/> State
	<hr/> Zip Code	
<hr/> Vehicle Year	<hr/> Vehicle Make	<hr/> Vehicle Model
		<hr/> VIN
<hr/> Tag State	<hr/> Tag Number	<hr/> Interlock Installation Date
		<hr/> Interlock Device Model
		<hr/> Interlock Handset Serial Number
<ul style="list-style-type: none"> 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 <i>et seq.</i> I understand that failure to comply with the above 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 Board of Tests for Alcohol and Drug Influence at interlockreporting@bot.ok.gov. 		
<hr/> Installing Technician's Printed First and Last Name	<hr/> Installing Technician's Signature	

VOID

without
\$10.00
Decal*

*Decal provided by the Oklahoma Board of Tests

Section 2

<hr/> Participant's Printed First and Last Name				
<hr/> Mailing Address				
<hr/> City	<hr/> State	<hr/> Zip Code	<hr/> Date of Birth	
() <hr/> Home Phone	() <hr/> Other Phone	<hr/> DL State	<hr/> DL Number	
Reportable Violations:				
<ul style="list-style-type: none"> Three penalty fails at startup, within a fifteen-minute time frame. Each penalty fail thereafter constitutes a reportable violation. Any circumvention or tampering. Three retest fails. Each retest fail thereafter constitutes a reportable violation. Removal of the interlock device except: <ul style="list-style-type: none"> (A) Upon receipt of documentation from the Installation Authority or Monitor authorizing said removal. (B) If 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) If the vehicle is being replaced. The re-installation of the device in the subsequent vehicle must be accomplished within eight days of the removal. Any missed service appointments. (Reported once the device enters lockout mode) 				
<p>By signing this form I affirm I have read - or 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 <u>any</u> and <u>all</u> violations recorded by the ignition interlock device or observed by a technician.</p>				
<hr/> Participant's Signature				

For Office Use Only

Reviewed by: _____	Date: _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied _____
<input type="checkbox"/> Payment Received: _____	Amount: _____