



Tennessee Department of Safety and Homeland Security

Ignition Interlock Program

SERVICE CENTER APPLICATION

Affiliated Interlock Manufacturer:			<input type="checkbox"/> Original
			<input type="checkbox"/> Renewal
Owner's Name:			Date of Birth:
Last		Middle	First
Address:			
Street		City	State ZIP
Phone Number: ()			
Have you ever been convicted, forfeited bond, or are you currently on probation for any felony (or any equal offense under military law)? A felony is defined as an offense punishable by imprisonment for a term of one year or greater. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain (use separate sheet if needed):			
Do you currently have a valid driver license? Yes <input type="checkbox"/> No <input type="checkbox"/>		Driver License Number & State	
If no, explain:			

Are you an employee of the Department of Safety and Homeland Security? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:

Business Name:			
Address: (physical location of installation facility)			
Street		City	State Zip
Mailing Address: (if different)			
Street		City	State Zip
Phone Number: ()		Contact Person:	
Business License Number:		County:	
Liability Insurance Carrier:			
Policy Number:		Effective Dates of Policy: From To	
Agents Name:		Phone Number: ()	

Names of Personnel Installing, Servicing, or Uninstalling Ignition Interlock Devices

Technician Application must be completed for each individual listed below.

1.	5.
2.	6.
3.	7.
4.	8.

The Ignition Interlock Program may deny, suspend, or revoke the privilege of being a certified ignition interlock service center for any violation of the law, rules, or regulations relating to the Ignition Interlock Program. The Ignition Interlock Program may deny, revoke, or suspend the service center for the following:

1. Conviction of a felony or any crime involving violence, dishonesty, deceit, fraud, indecency or moral turpitude;
2. Knowingly presenting false or misleading information to the Ignition Interlock Program;
3. Failure or refusal to permit the Ignition Interlock Program to inspect, audit, or investigate the premises, program records, equipment, etc.;
4. Failure to submit the application with supporting documentation within the prescribed time limit;
5. Failure to maintain Department approved standards in instruction, equipment, or facilities; or
6. The presence of alcoholic beverages or narcotic drugs on the premises.

I hereby apply for the Ignition Interlock Service Center Certificate which shall be valid for one (1) year. I affirm that I have read and understand the obligations of the ignition interlock service center set forth in the *Rules of Ignition Interlock Device Program T.C.A. §1340-03-06* and I am fully capable of carrying out said obligations. I give consent for the Ignition Interlock Program to conduct whatever investigations necessary to determine my eligibility to hold such certificate. I understand that false, misleading, or incomplete information in my application may result in denial, suspension, or revocation of the certificate, as well as possible criminal prosecution and civil action. Under penalty of perjury, I do hereby affirm that the information contained within this application, and any statements made in connection therewith, are complete, true, and correct.

Print Name: _____

Signature: _____

Date: _____