



MINNESOTA DEPARTMENT OF PUBLIC SAFETY  
DRIVER AND VEHICLE SERVICES

# Ignition Interlock Device Program Employment Exemption Application

Upload online: <a href="https://drive.mn.gov">drive.mn.gov</a>	FAX: 651-797-1299	EMAIL: <a href="mailto:dvs.ii@state.mn.us">dvs.ii@state.mn.us</a>	QUESTIONS: 651-296-2948	Mail: 445 Minnesota St, Ste 177, St Paul, MN 55101
--	-------------------	---	-------------------------	--

## Application Packet

Please read the following instructions carefully.

There are two parts to the Ignition Interlock Device Program Employment Exemption Application

- Page 2 must be filled out by the ignition interlock participant.
- Page 3 must be filled out by the participant's employer.

This form can be submitted to DVS online, by fax, email, mail or by bringing to any Driver Exam office.

EMPLOYEE SECTION - to be filled out by the ignition interlock participant

Driver's License Number [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] State of issue [ ] [ ]

First Name Middle Name Last Name Phone Number Date of birth

Address City State Zip Email Address

List your occupations and job duties. If more space is needed, please attach a separate piece of paper.

- 1. I understand that if I am granted an employment exemption, I will still be required to install the ignition interlock device on another vehicle. X Signature
2. I understand that the employment exemption is only valid for operating a company vehicle for business purposes and not for personal use. X Signature
3. I understand if my employment changes, I will notify Driver and Vehicle Services in writing within 15 days. X Signature
4. I certify that I am not self-employed (Minn. R. 7503.1775). X Signature
5. I certify that I do not own or partially own the business for which I am applying for an employment exemption (Minn. R. 7503.1775). X Signature

If granted an employment variance, you must keep it with you while driving. The variance is effective for one year. You must reapply annually.

Tennessee Warning

What is the purpose of supplying the requested information?

The Department of Public Safety ("DPS") collects the information on this form for identification purposes, for consideration for an employment exemption in the Minnesota Ignition Interlock Program as outlined in Minn. Stat. § 171.306 (4)(b), Minn. R. 7503.1775 and in the Minnesota Ignition Interlock Program Guidelines.

Am I required to provide the requested information?

You are not legally required to complete this form.

What will happen if I do not provide the requested information?

You can refuse; however, DPS may consider your form incomplete and will be unable to consider your request for an employment exemption.

Who will have access to the requested information?

DPS may disclose personal information when it relates to the operation or use of a vehicle or to public safety. The use of personal information relates to public safety if it concerns the physical safety or security of drivers, vehicles, pedestrians or property. The personal information you provide to request employment exemption in the Ignition Interlock Device Program is classified by 18 U.S.C. § 2721 and Minn. Stat. § 171.12, and is subject to the disclosure in accordance with these laws.

I verify the information on this document is truthful and accurate. I understand that any false information provided may result in termination of my participation in the Minnesota Ignition Interlock Device Program.

Signature Date

Subscribed and sworn before me this Day of , 20
Notary Public County
My Commission Expires

Notary Stamp

**EMPLOYER SECTION - to be filled out by the applicant's employer**

Your employee is enrolled in the Minnesota Ignition Interlock Device Program (Program). As a participant in the Program, your employee is required to only drive vehicles equipped with an ignition interlock device. Per Minn. Stat. § 171.306 (4)(b), a participant may drive an employer-owned vehicle without an ignition interlock device as long as the employer consents.

**Employer Consent**

Full Name (First, Middle, Last of Employee) \_\_\_\_\_ Employee Driver License Number \_\_\_\_\_

Name of Employer / Company \_\_\_\_\_ Employer / Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. Is this employee an owner or partial owner of the business for which the employee is applying for the employment exemption (Minnesota Rule 7503.1775)?  Yes  No
2. Does the employee need to drive the company vehicle to and from their home to work?  Yes  No
3. Does the employee need to drive the company vehicle on the job for employment purposes?  Yes  No
4. Will the employee be using the company-owned vehicle for personal use?  Yes  No

List the employee's job duties that require the use of the company vehicle. If more space is needed, please attach a separate piece of paper.

\_\_\_\_\_  
\_\_\_\_\_

**Tennessee Warning**

**What is the purpose of supplying the requested information?**

The Department of Public Safety ("DPS") collects the information on this form for identification purposes, for consideration for an employment exemption in the Minnesota Ignition Interlock Program as outlined in Minn. Stat. § 171.306 (4)(b), Minn. R. 7503.1775 and in the Minnesota Ignition Interlock Program Guidelines.

**Am I required to provide the requested information?**

You are not legally required to complete this form.

**What will happen if I do not provide the requested information?**

You can refuse; however, DPS may consider your form incomplete and will be unable to consider your request for an employment exemption.

**Who will have access to the requested information?**

DPS may disclose personal information when it relates to the operation or use of a vehicle or to public safety. The use of personal information relates to public safety if it concerns the physical safety or security of drivers, vehicles, pedestrians or property. The personal information you provide to request employment exemption in the Ignition Interlock Device Program is classified by 18 U.S.C. § 2721 and Minn. Stat. § 171.12, and is subject to the disclosure in accordance with these laws.

I hereby certify that the above name employee's job responsibilities require him/her to operate a company vehicle. I am aware that he/she is currently restricted to drive vehicles equipped with an ignition interlock device. I further understand that this employment exemption is only valid for operating a company vehicle for business purposes and not for personal use.

Print Name of Authorized Representative \_\_\_\_\_ Phone Number \_\_\_\_\_ Title \_\_\_\_\_

Signature of Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_  
Notary Public \_\_\_\_\_ County \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

Notary Stamp