

MINNESOTA DEPARTMENT OF PUBLIC SAFETY



Ignition Interlock Device Program Employment Exemption Application



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 faxed to (651) 797-1299. You may also bring this form to any Driver Exam Station (Visit the [DVS Website](#) for all Office Locations) or mail this form to Driver and Vehicle Services, Ignition Interlock Unit, 445 Minnesota Street, Suite 177, St. Paul, Minnesota 55101. For questions, contact DVS at (651) 296-2948 or visit dvs.dps.mn.gov.

Tennessee Warning – Information collected on this form is used by the Department of Public Safety (DPS) to identify the person and as required by Minnesota Statute. If you do not provide this information, DPS cannot approve an employment variance for the Ignition Interlock Device Program. Personal information (name and address of individuals) is classified as private data. DPS releases this information only as authorized or required by state and federal law.

EMPLOYEE SECTION (to be filled out by the ignition interlock participant)

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Driver's License Number State of Issue

First Name Middle Name Last Name

Address City/State/Zip

Phone Number Email Address Date of Birth

On the lines below, list your occupation 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. _____
Signature
2. I understand that the employment exemption is only valid for operating a company vehicle for business purposes and not for personal use. _____
Signature
3. If my employment changes, I will notify Driver and Vehicle Services in writing within 15 days. _____
Signature
4. I certify that I am not self-employed (Minnesota Rule 7503.1775). _____
Signature
5. I certify that I do not own or partially own the business for which I am applying for an employment exemption (Minnesota Rule 7503.1775). _____
Signature

If granted an employment variance, you must keep it with you while driving. The variance is effective for 1 year. You must reapply annually.

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**

Witnessed by:
Subscribed and sworn to before me this day of _____ 20 ____
NOTARY PUBLIC _____
COUNTY _____
MY COMMISSION _____
EXPIRES _____

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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 Minnesota Statute 171.306 subdivision 4(b), a participant may drive an employer-owned vehicle without an ignition interlock device as long as the employer consents.

Employer Consent

Name of Employee and Employee's Driver's 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 |

On the lines below, 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.

I hereby certify that the above named 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.

Signature of Authorized Representative

Date

Print Name

Phone Number

Title

Witnessed by:

Subscribed and sworn to before me this day of _____ 20 ____
NOTARY PUBLIC _____
COUNTY _____
MY COMMISSION
EXPIRES _____