MINNESOTA DEPARTMENT OF PUBLIC SAFETY

Ignition Interlock Participation Agreement

FAX TO: 651-797-1299
EMAIL TO: dvs.ii@state.mn.us
MAIL TO: Driver and Vehicle Services, Ignition Interlock Unit, 445 Minnesota St., Suite 177, St. Paul, MN 55101

Driver Information

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Driver's License Number **State of Issue**

First Name **Middle Name** **Last Name**

Address **City/State/Zip**

Phone Number **Date of Birth** **Email Address**

Certification

I acknowledge that I have received, reviewed and agreed to abide by the Minnesota Ignition Interlock Device Program Guidelines.

I understand that any violation of the conditions outlined in the Program Guidelines will result in sanctions being imposed. Violations include:

- Tampering, circumventing or bypassing the device
- Operating a vehicle without the ignition interlock device
- Violating the ignition interlock limited license (applies to **Canceled-IPS drivers only**)
- Skipping rolling retests
- Skipping a service or monitoring appointment
- Failing breath test
- Failing to provide at least 30 initial breath tests to verify abstinence each month – a month is considered a 30-day period (verification of abstinence applies to **Canceled-IPS drivers only**)

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**

Tennessen 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 171.306(3)(a). If you do not provide this information, DPS cannot enroll you in 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.