

# MINNESOTA DEPARTMENT OF PUBLIC SAFETY



## Reduced Fee Application for Ignition Interlock Servicing and Monitoring



Instructions: If you are enrolled in or applying for the Minnesota Ignition Interlock Device Program and are having difficulty paying for the ignition interlock, you can use this form to apply for reduced fees. If you are approved, you must reapply each year.

FAX TO: 651-797-1299

EMAIL TO: [dvs.ii@state.mn.us](mailto:dvs.ii@state.mn.us)

MAIL TO: Driver and Vehicle Services, Ignition Interlock Unit, 445 Minnesota St., Suite 177, St. Paul, MN 55101

QUESTIONS: 651-296-2948

Ignition Interlock Program Participant Information (Please Print)	
Name	Driver's License Number
Address	Date of Birth
	Phone Number

**You must provide a recent qualification or acceptance letter from the agency or department providing the benefits you checked below. Your name must be on the letter. An ID card is not an acceptable proof of enrollment. Please do not send original documentation, because it will not be returned. Thank you.**

- |   |   |
|---|---|
| <input type="checkbox"/> CCAP – Child Care Assistance Program                     | <input type="checkbox"/> MFAP – Minnesota Food Assistance Program   |
| <input type="checkbox"/> EAP – Energy Assistance Program                          | <input type="checkbox"/> MinnesotaCare  |
| <input type="checkbox"/> FDPIR – Food Distribution Program on Indian Reservations | <input type="checkbox"/> NSLP – National School Lunch Program   |
| <input type="checkbox"/> GA – General Assistance Medical Care                     | <input type="checkbox"/> SNAP – Supplemental Nutritional Assistance Program (Food Stamps)                         |
| <input type="checkbox"/> Head Start   | <input type="checkbox"/> SSI – Supplemental Security Income<br><i>Note: SSI is not Social Security Disability</i> |
| <input type="checkbox"/> MA – Medical Assistance/Medicaid                         | <input type="checkbox"/> TANF – Temporary Assistance for Needy Families   |
| <input type="checkbox"/> MFIP – Minnesota Family Investment Program               | <input type="checkbox"/> WIC – Women, Infants and Children Program  |

I verify the information on this document is truthful and accurate. I understand that providing any false information will prohibit me from receiving the reduced fee and require that I pay the regular fees for the remainder of my time in the ignition interlock device program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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 a reduced fee 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.