MINNESOTA DEPARTMENT OF PUBLIC SAFETY

Waiver of Rights

Minnesota Ignition Interlock Device Program

Instructions: *THIS FORM SHOULD BE FAXED TO (651) 797-1299*. Sign this form if you are electing to waive your rights for completing rehabilitation as outlined in Minnesota Rule 7503.1700 and/or enroll in the Ignition Interlock Device Program as outlined in Minnesota Rules 7503.1650, 7503.1725 and in accordance with Minnesota Statute 171.306. A person whose driving privilege has been revoked or canceled and denied as inimical to public safety prior to July 1, 2011 is eligible to use this form to waive their rights under previous law and elect to have the new law apply to them.

I, __ SAMPLE FORM; MUST REQUEST FORM FROM DVS_________, understand that I have the option of remaining under the
(First Name) (Middle Name) (Last Name)
Minnesota DWI law (M.S. 169A.20, 169A.54, 171.17) and/or Implied Consent law (M.S. 169A.52) and/or rules which were in effect at the time of my revocation and prior to July 1, 2011; and if rehabilitation is required, I will fulfill the rehabilitation requirements as outlined in Minnesota Rule 7503.1700. The current revocation period is until __________ and also if canceled and denied, I must provide a minimum of ____ year(s) of current abstaining from alcohol and/or controlled substance. I also acknowledge that there will be no Ignition Interlock option available to me.

After reviewing Minnesota Statutes and Rules listed above, I have elected to enroll in the Ignition Interlock Device Program as stated in Minnesota Statute 171.306 and fulfill the rehabilitation requirements as outlined in Minnesota Rule 7503.1725. If I am currently enrolled in the ignition interlock pilot program, I am now choosing to opt out in order to enroll in the new Minnesota Ignition Interlock Device Program. I understand that I will be required to be on the Program for the same period of time as if revoked and/or canceled and denied on or after July 1, 2011. Furthermore, I understand that the period of time which I had been revoked under the previous law will not reduce the time on ignition interlock. I have reviewed this document and all pertinent Minnesota Statutes and Rules referenced. I choose to participate in the Minnesota Ignition Interlock Device Program. I also agree to be on the Program for at least ____ year(s).

This decision is irrevocable. It is advised that you consult with an attorney before waiving your rights.

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

_ SAMPLE FORM; MUST REQUEST FORM FROM DVS ____
First Name **Middle Name** **Last Name**

_ SAMPLE FORM; MUST REQUEST FORM FROM DVS ____
Address **City/State/Zip**

________________________________ ____________________________
Home Telephone Number/Cell Phone **Date of Birth**

_ SAMPLE FORM; MUST REQUEST FORM FROM DVS ____
Participant's Signature **Date**

Witnessed by: _ SAMPLE FORM; MUST REQUEST FORM FROM DVS ___

Subscribed and sworn to before me this day of _______ 20 _____

NOTARY PUBLIC_______________________________________

COUNTY____

MY COMMISSION EXPIRES___________________________________

Witness may be a representative of the Department of Public Safety or a Notary Public.

NOTICE: You are being asked to provide private data. You are not legally required to provide the data requested on this form. Any information supplied on this form is collected to determine eligibility for the Minnesota Ignition Interlock Device Program and will be used only by authorized Driver and Vehicle Services Division personnel to determine eligibility. Failure to provide and return the requested data will significantly delay processing. This form must be signed in order to be processed.

SAMPLE