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 A person whose driving privilege has been revoked or canceled and denied as inimical to public safety prior to July 1, 2011 is eligible to use this form to waive their rights under previous law and elect to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) (L	Last Name)		
Minnesota DWI law (M.S. 169A.20, 169A.	54, 171.17) and/or Implied Conse	ent law (M.S. 169A.52) and/o	r rules which were in effect
at the time of my revocation and prior to J	uly 1, 2011; and if rehabilitation is	required, I will fulfill the reha	abilitation requirements as
outlined in Minnesota Rule 7503.1700. Th	e current revocation period is unt	il and also if car	nceled and denied, I must
provide a minimum of year(s) of curr	rent abstaining from alcohol and/o	or controlled substance. I also	acknowledge that there will
be no Ignition Interlock option available to	me.		
After reviewing Minnesota Statutes and R	ules listed above, I have elected t	to enroll in the Ignition Interlo	ck Device Program as
stated in Minnesota Statute 171.306 and t			
currently enrolled in the ignition interlock p		,	_
Interlock Device Program. I understand th			
canceled and denied on or after July 1, 20			
previous law will not reduce the time on ig		·	
Rules referenced. I choose to participate i	n the Minnesota Ignition Interlock	Device Program. I also agre	ee to be on the Program for
at least year(s).			
This decision is irrevocable. It is advis	ed that you consult with an atte	orney before waiving your	rights.
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Driver's License Number			State of Issue
CAMPLE FORM, MUCT DECLIFOT FO	DIA EDOM DVO		
_ SAMPLE FORM; MUST REQUEST FO First Name	Middle Name	Last Name	
That Name	middle Name	Last Name	
_ SAMPLE FORM; MUST REQUEST FO	RM FROM DVS		
Address		City/State/Zip	
Home Telephone Number/Cell Phone		Date of Birth	
_ SAMPLE FORM; MUST REQUEST FO	RM FROM DVS		
Participant's Signature	CAMPLE		Date
	•	FORM; MUST REQUEST FO	
		ore me this day of 20	
			_
	Witness may be a representat	tive of the Department of Public Safe	ety 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.

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