

**IGNITION INTERLOCK DEVICE
INSTALLATION APPLICATION**

P-246 Rev. 5-2016



STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
DRIVER SERVICES DIVISION
60 State Street, Wethersfield, CT 06161-2525
TELEPHONE: (860) 263-5720

INSTRUCTIONS (Please print or type):

1. Complete PART 1 of this form and sign the Operator Certification section.
2. The vehicle listed on this form must have a valid registration. If you are not the owner of record for the vehicle listed, the owner must complete and sign PART 2. If the vehicle is registered outside Connecticut, you must submit a copy of the registration certificate.
3. Contact one of the CT approved vendors and schedule an appointment to install an ignition interlock device (IID). The installer must complete PART 3 of this form.
4. Mail the completed form to the address. You must also pay the restoration fee of \$175 and IID administration fee of \$100 online at ct.gov/dmv or by mail with a check or money order made payable to "DMV".
5. Additional forms and vendor information can be found at ct.gov/dmv.

PART 1 - OPERATOR

APPLICANT'S NAME (As it appears on your operator's license)			(Last)	(First)	(Middle)	DATE OF BIRTH
LICENSING STATE	OPERATOR LICENSE NUMBER		(AREA CODE) HOME TELEPHONE NUMBER			
MAILING ADDRESS (Number and Street)		(City or Town)	(State)	(Zip Code)		
VEHICLE IDENTIFICATION NUMBER (VIN)						
YEAR	MAKE	REG. PLATE #	STATE			

OPERATOR CERTIFICATION

Following approval by the Department of Motor Vehicles, I understand that I must have an Ignition Interlock Device (IID) in each vehicle that I own or operate during the entire time that I am subject to an IID restriction, and that such device must be maintained and calibrated in accordance with DMV regulations.

The statements and information provided to the Commissioner of Motor Vehicles herein are subscribed by me, the undersigned, under penalty of false statement, in accordance with the provisions of Sections 14-110 and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement herein which I do not believe to be true, with the intent to mislead the Commissioner, I will be subject to prosecution.

SIGNATURE	DATE SIGNED
X	

PART 2 - VEHICLE INFORMATION/AUTHORIZATION

VEHICLE OWNER		
ADDRESS		
CITY	STATE	ZIP CODE

I swear or affirm under penalty of false statement in accordance with Connecticut General Statutes §14-110 and §53a-157, and subject to penalties for perjury for a deliberate false statement, that the above information and any attachment is true and correct.

PRINTED NAME OF OWNER	SIGNATURE OF OWNER	DATE SIGNED
	X	

PART 3 - INSTALLER

IID TYPE	IID MODEL	IID SERIAL #	IID VENDOR
INSTALLED AT (Printed Business Name and Address):			

The statements and information provided to the Commissioner of Motor Vehicles herein are subscribed by me, the undersigned, under penalty of false statement, in accordance with the provisions of Sections 14-110 and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement herein which I do not believe to be true, with the intent to mislead the Commissioner, I will be subject to prosecution.

SIGNATURE OF INSTALLER	DATE SIGNED	PRINTED NAME OF INSTALLER (Last, First, Middle)
X		

**DO NOT OPERATE A MOTOR VEHICLE UNTIL YOU RECEIVE CONFIRMATION
THAT YOU ARE RESTORED AND HAVE A VALID LICENSE.**

ALLOW 10 BUSINESS DAYS FOR PROCESSING