

# VERMONT IGNITION INTERLOCK DEVICE (IID) PROGRAM

[CLICK HERE TO SUBMIT COMPLETED FORM](#)

OR

EMAIL COMPLETED FORM TO:  
**IIDApplication@Intoxalock.com**

Please complete the form below to begin the State of Vermont IID installation process with one of the state approved vendors, Intoxalock. Once you have filled in your information, email your completed form to **IIDApplication@Intoxalock.com** and an IID representative will follow-up with you shortly. For more information, please call **(866) 604-5247** or go to **Intoxalock.com**.

PERSONAL INFORMATION

FIRST NAME:

LAST NAME:

PHONE:

 -  - 

ZIP CODE:

EMAIL:

VIOLATION DATE: MM/DD/YYYY

 /  / 

OFFENSE #:

VIOLATION COUNTY:

VEHICLE

MAKE:

MODEL:

YEAR:

VIN #:

OFFICE USE ONLY

IDENTIFICATION #:

REPORTING AUTHORITY:

DATE: MM/DD/YYYY

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SIGNATURE:

**NOTE:** Upon receipt of form, certified state vendor will contact applicant via phone for further processing. Receipt of this form does not guarantee fulfillment of obligation to install an ignition interlock device. Monthly service fees, installation fees and taxes may apply. For more details, contact the service provider at (866) 604-5247.

**IID Information: (866) 604-5247 Intoxalock.com**

