

APPLICATION FOR CERTIFICATION OF IGNITION INTERLOCK DEVICE

SECTION 1 — TO BE COMP	LETED BY	THE MAIN OFFICE	E		
NAME OF INDIVIDUAL, PARTNERSHIP, OR C	ORPORATION				TELEPHONE NUMBER
FIRM OR TRADE NAME		BUSINESS NAME OF MARKETED DEVICE NAME/MODE		NAME/MODEL	NUMBER OF DEVICE
STREET ADDRESS		CITY			STATE ZIP CODE
SECTION 2 — OWNERSHIP	INFORMA	ATION			
	trol, and ma	nagement of the policy	of the business. Attac	h additiona	ipal officer, director, or stockholder I sheets, if needed. Also complete poration.
NAME (Last, First, Middle)		ADDRESS TITLE			EMAIL ADDRESS
				_	
SECTION 3 — INDIVIDUAL	CERTIFIC	ATION			
			of California that L	om the sel	e owner of (name of business)
of Motor Vehicles and its office	ers, emplo which may a	d correct. I shall inde yees, and agents fro arise, directly or indir	mnify and hold harml m all claims, deman ectly out of any act o	less the Sta ds, and ac	le on this application and all ate of California, the Department tions, as a result of damage or by the manufacturer relating to
SECTION 4 — PARTNERSH	ID CEPTIE	ICATION .			
			eto of California tha	t wo are n	partners in (name of business)
business, and that all statement indemnify and hold harmless to from all claims, demands, and	nts made o he State of I actions, a	n this application and California, the Departs s a result of damage	and that no other pe d all attachments to t tment of Motor Vehicl or injury to persons	rson is ass the applica- les and its o s or prope	tion are true and correct. I shall officers, employees, and agents rty which may arise, directly or a repair, use, and removal of an
SIGNATURE X	DATE SIGNED		SIGNATURE X		DATE SIGNED
SIGNATURE	DATE SIGNED		SIGNATURE		DATE SIGNED
X			X		
SECTION 5 — CORPORATION	ON CERTI	FICATION			
l certify under penalty of	perjury	under the laws of	of the State of C is incorporated		that (print corporate name)
and its officers, employees, ar	nd agents fl ectly or ind	demnify and hold har rom all claims, demai lirectly, out of any ac	atements made on the mless the State of Ca nds, and actions, as at or omission by the	his applica alifornia, th a result of	tion and all attachments to the e Department of Motor Vehicles damage or injury to persons or urer relating to the installation,
SIGNATURE		DRINTED NAME/TITLE OF CO	RPORATE OFFICER ALITHORI	ZED TO SIGN	DATE SIGNED