

Driver Solutions
 300 SW 29th Street
 PO Box 2021
 Topeka KS 66601-2021



Phone: 785-296-3671
 Fax: 785-296-6851
 www.ksrevenue.org
 Laura Kelly, Governor

Ignition Interlock Service Center Application **\$100.00 Application Fee (nonrefundable)**

Installing Service Center Name	Service Center Phone	Service Center Fax	
Installing Service Center Mailing Address	City	State	Zip Code
Installing Service Center Physical Address	City	State	Zip Code
Service Center Manager Name	Phone	Manufacturer Name	State Contact

- List of names/addresses of current installers 92-56-1(G-4)
- Proof of liability insurance (for each service center) 92-56-2 (5)
- Copy of lease agreement 92-56-4(6ef4)

I hereby apply for the Ignition Interlock Service Center Certificate which shall be valid for three (3) years (K.S.A. 92-56-2 (8e)) unless established for a period of 3 years or more or location change. I affirm that I have read and understand the obligations of the Ignition Interlock Device Provider set forth in the *Rules & Regulations of Ignition Interlock Device Program* 92-56-1-9 and I am fully capable of carrying out said obligations. I give consent for the Kansas Department of Revenue to conduct whatever investigations necessary to determine my eligibility to hold such Certificate. I understand that false, misleading, or incomplete information in my application may result in denial, cancellation, suspension, or revocation of the Certificate, as well as possible criminal prosecution and civil action. Under penalty of perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Signature:	Date:
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All application must be sent to Attn: Laurie Martinez, KHP Headquarters, 122 SW 7th St, Topeka Ks 66603 or KHP.Interlock@ks.gov, 785-296-5966

For Office Use Only

Reviewed by:	Date	<input type="checkbox"/> Payment Received	Amount
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			

District No. _____ County Name: _____ Ignition Interlock Manufacturer Name: _____

ID Number: _____

(THIS IS FOR AUTOMATION AND WILL BE GIVEN BY KDOR-IT DEPARTMENT AFTER APPROVAL)

Service Center Name:	
Owner:	
Service Manager:	
Accounts Payable:	
Installer Name & Address:	
Installer Name & Address:	
Installer Name & Address:	
Installer Name & Address:	
Service Center Address:	
Primary Phone:	
Mobile Phone:	
Fax:	
Email:	
Website Address:	
Hours of Operation M-F:	
Sat:	
Sun:	
Services Excluded:	
Specialty Services:	