



KANSAS IGNITION INTERLOCK INSTALLATION/REMOVAL VERIFICATION

NOTE TO DRIVER:

Present this form to the Service Provider or Regional Representative of your choice at the time of installation or removal of any device.

NOTE TO SERVICE PROVIDER:

Complete this form upon installation or removal of any device and fax to Driver Solutions at (785) 296- 6851.

K.A.R. 92-56-8c (1-2) (c) upon **removal of the device**, the **service provider** shall ensure that both of the following occur:

- (1) The driver is provided with a report showing the removal of the device. (2) The division is notified, in the form and format designated by the division.

Name	Date of Birth	Driver License Number	DL's State
Address	City	State	Zip

INSTALLATION

REMOVAL

Date of Installation _____

Approved Kansas Service Manufacturer _____

Service Center Name _____

Device Model No: _____

Manufacturer Phone No. _____

Automobile Make _____

Automobile Model _____

Year _____ Automobile Switch

Signature of Installer _____

Date of Removal _____

Approved Kansas Service Manufacturer _____

Service Center Name _____

Device Model No: _____

Manufacturer Phone No. _____

Automobile Make _____

Automobile Model _____

Year _____ Automobile Switch

Signature of Installer _____

Non-Compliant Removal Reason: _____

Date of Installation _____

Approved Kansas Service Manufacturer _____

Service Center Name _____

Device Model No: _____

Manufacturer Phone No. _____

Automobile Make _____

Automobile Model _____

Year _____ Automobile Switch

Signature of Installer _____

Date of Removal _____

Approved Kansas Service Manufacturer _____

Service Center Name _____

Device Model No: _____

Manufacturer Phone No. _____

Automobile Make _____

Automobile Model _____

Year _____ Automobile Switch

Signature of Installer _____

Non-Compliant Removal Reason: _____