

## 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. Check the status of your driver's license at <a href="https://www.kdor.ks.gov/apps/dlstatus/login">www.kdor.ks.gov/apps/dlstatus/login</a>.

## 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	
		City	S		nte	Zip	
INSTALLATIO	ON				REMOV	AL	
Date of Installation			Date of Remo	oval			
Approved Kansas Service Manufacturer			☐ Non-Compl	iant removal	D		
Service Center Name			☐ Compliant Removal Reason:				
Device Model No:			Approved Kar		Manufacturer		
Manufacturer Phone No.			Service Cente				
Automobile Make			Device Model	_			
Automobile Model			Manufacturer 1	Phone No.			
Year	Automobile Switch	$\overline{\Box}$	Automobile M	Iake			
Signature of Installer		_	Automobile M	Model			
			Year Signature of Ir			Automobile Switch	
Date of Installation			Date of Remo	wal .			
Approved Kansas Service Manufacturer				_			
Service Center Name			<ul><li>□ Non-Compl</li><li>□ Compliant I</li></ul>		Reason:		
· · · · · · · · · · · · · · · · · · ·			Approved Kar		Manufacturer		
Device Model No:			Service Cente	er Name	•		
Manufacturer Phone No.			Device Model	No:			
Automobile Make			Manufacturer 1	Phone No.			
Automobile Model			Automobile M	<b>I</b> ake			
Year	Automobile Switch	Ш	Automobile M	Model			
Signature of Installer			Year			Automobile Switch	
			Signature of Ir	nstaller			