

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 www.kdor.ks.gov/apps/dlstatus/login.

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 Address		Date of Birth I		Driver License Number		DL's State		
		City		State		Zip		
INSTALLAT	ΓΙΟΝ				REMOV	AL		
Date of Installation			Date of Remo	val				
Approved Kansas Service Manufacturer			☐ Non-Compliant removal Reason:					
Service Center Name			 ☐ Compliant Removal Approved Kansas Service Manufacturer 					
Device Model No:					Manufacturer			
Manufacturer Phone No.			Service Center Name Device Model No:					
Automobile Make								
Automobile Model			Manufacturer I					
Year Automobile Switch			Automobile M	· · · · · · · · · · · · · · · · · · ·				
Signature of Installer			Automobile M	Iodel				
			Year Signature of In			Automobile Switch		
			organical or in	istario:				
Date of Installation			Date of Remo	val				
Approved Kansas Service Manufacturer			☐ Non-Compl☐ Compliant F		Reason:			
Service Center Name			Approved Kar		Manufacturer			
Device Model No:			Service Cente	r Name				
Manufacturer Phone No.			Device Model	No:				
Automobile Make			Manufacturer I	Phone No.				
Automobile Model			Automobile M	lake				
Year	Automobile Switch		Automobile M					
Signature of Installer			Year			Automobile Switch	П	
			Signature of In	ıstaller		-	_	