KENTUCKY TRANSPORTATION CABINET
Department of Vehicle Regulation
DIVISION OF DRIVER LICENSING

TC 94-178
Rev. 08/2015

CERTIFICATE OF REMOVAL FOR IGNITION INTERLOCK DEVICE

INSTRUCTIONS
This form shall be completed by the provider/installer upon removal of the Ignition Interlock Device.

This certificate and proof of insurance shall be taken to the Circuit Clerk's office in the applicant's county of residence for the issuance of an unrestricted license where applicable.

SECTION 1: DRIVER INFORMATION

FULL NAME *(Print.)*

MAILING ADDRESS

CITY	**STATE**	**ZIP**

RESIDENTIAL STREET ADDRESS

CITY	**STATE**	**ZIP**

DRIVER LICENSE #

PLATE #	**VIN**	**YEAR**	**MAKE/MODEL**

SECTION 2: INSTALLER STATEMENT INFORMATION

NAME	**PHONE**

STREET ADDRESS

CITY	**STATE**	**ZIP**

SECTION 3: DEVICE PROVIDER INFORMATION

COMPANY NAME		**PHONE**	
ADDRESS	**CITY**	**STATE**	**ZIP**
PO BOX *(if applicable)*	**DEVICE MODEL #**		

SECTION 4: SIGNATURE & DATE

PRINTED NAME *(individual removing device)*	**SIGNATURE**
REMOVAL DATE	