KENTUCKY TRANSPORTATION CABINET
Department of Vehicle Regulation
DIVISION OF DRIVER LICENSING

IGNITION INTERLOCK APPLICATION

INSTRUCTIONS

This application will not be processed without the following:

- Payment by cashier's check or money order
- Court order authorizing the application
- Proof of insurance
- Valid vehicle registration

Note: Any applicant who has been diagnosed with a condition that results in diminished lung capacity should submit the TC 94-176 form, *Breath Alcohol Ignition Interlock Physician Statement,* with the TC 94-175, *Ignition Interlock Application*.

SECTION 1: APPLICANT INFORMATION

FULL NAME *(Print.)*

MAILING ADDRESS

CITY	**STATE**	**ZIP**

RESIDENTIAL STREET ADDRESS

CITY	**STATE**	**ZIP**

DRIVER LICENSE #	**DOB** *(mm/dd/yyyy)*	**PHONE** *(cell)*	**PHONE** *(other)*

SECTION 2: VEHICLE INFORMATION

VEHICLE #1 OWNER *(Provide proof of valid registration.)*

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

VEHICLE #2 OWNER *(if applicable)(Provide proof of valid registration.)*

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

INSURANCE COMPANY *(Provide proof of insurance.)*

I hereby request authorization from the Kentucky Transportation Cabinet for an Ignition Interlock Device.

SIGNATURE **DATE**

FOR OFFICIAL USE ONLY *(to be completed by the Division of Driver Licensing)*

CASE #	**DATE OF ORDER**