



Ignition Interlock Device Program Application for Device Certification

Instructions for completing this application

Prior to completing this application, please refer to solicitation number 5400015710, "SC IGNITION INTERLOCK DEVICE PROGRAM" and the provisions of the current contract related to this solicitation. Also refer to South Carolina Code § 56-5-2941 relating to the South Carolina Ignition Interlock Device Program.

For questions about this application, please contact the Ignition Interlock Device Program office:

South Carolina Department of Probation, Parole and Pardon Services

Ignition Interlock Program
293 Greystone Blvd., Columbia, SC 29210
P.O. Box 207, Columbia, SC 29202
(803)734-0019

Please submit the completed application by mail to the above address, or via email to this address: Ignition@ppp.sc.gov.

If the breath alcohol ignition interlock device (BAIID) is approved for certification, you will be notified by letter. Certification will be valid for three years from the date of certification, but recertification may be required at any time the vendor's contract with the State is renewed. This letter of certification will be subject to review by the South Carolina Department of Probation, Parole and Pardon Services, at its discretion, during the course of the certification period.



**Ignition Interlock Device Program
Application for Device Certification**

Initial Device Certification Renewal of Device Certification

Manufacturer of Device Submitted for Certification

Legal Name of Breath Alcohol Ignition Interlock Device (BAIID) Manufacturer

Address of the BAIID Manufacturer (This address should match that for official notice under the current contract)

Telephone Number

Fax Number

Email Address

Manufacturer Representative

Identify the BAIID manufacturer employee designated to act on behalf of and/or represent the manufacturer in South Carolina for all matters relating to this application for certification.

Name _____

Title _____

Telephone Number _____

Email Address _____

Manufacturer Liaison

Identify the manufacturer's employee designated to act as the liaison between the manufacturer and the Ignition Interlock Device Program Administrator in all matters relating to distributors, vendors, service centers and technicians.

Name _____

Title _____

Telephone Number _____

Email Address _____



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Breath Alcohol Ignition Interlock Device Certification

The undersigned requests certification of the following BAIID:

Manufacturer Name

BAIID Model Number

By my initials beside each statement below, I, _____,
representative for the BAIID manufacturer, certify on behalf of the manufacturer that the manufacturer understands and agrees with the statements below and will comply the conditions stated here and in the current contract:

- _____ The manufacturer or manufacturer's representative must submit to the Department a written request for certification of BAIIDs. It is in the Department's sole discretion whether a manufacturer's application for certification of a device or to do business in South Carolina as part of the IID Program will be accepted. The Department may decline to review applications to certify devices that have already been considered and rejected by the Department. The Department may reject any application that does not comply with the procedures set forth in the current contract.
 - _____ All provisions of S.C. Code §56-5-2941 are understood and compliance at all times with this code section will be required as a condition of continuing BAIID certification.
 - _____ The manufacturer will cooperate with the Department's requests for information about any device submitted for certification.
 - _____ The manufacturer and its employees will cooperate with the IID Program at all times, including during its inspections of the manufacturer's service centers during installation, removal, service, repair, and calibration of BAIIDs.
 - _____ The manufacturer agrees to provide all downloaded BAIID data, reports and information related to the BAIID to the IID Program in an electronic form approved by the Department.
 - _____ The manufacturer shall provide the Department a signed statement that the manufacturer meets all of the applicable standards stipulated in the current contract, and that the manufacturer's service providers and service centers meet or will meet the standards stipulated in the contract that are applicable to them.
 - _____ At the time of application for certification of a device, or at any other time upon request by the Department, the manufacturer will provide proof of product liability insurance with minimum liability limits of one (1) million dollars per incident, with three (3) million dollar aggregate total. The product liability coverage shall include defects in product design and materials as well as in the work of manufacturing, calibrating, installing, and removing the devices. The proof of insurance shall include a statement from the insurance company that 30 days' notice will be given to the Department before cancellation of the insurance.
 - _____ The manufacturer shall provide a signed statement that the manufacturer will comply with the indemnification provisions stipulated in the current contract.
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- _____ The manufacturer shall provide to the Department a warranty of performance that, in response to drivers' reports of problems relating to the devices installed in their vehicles, the manufacturer will provide appropriate responsive service to such drivers within 48 hours. This warranty must also appear in the manufacturer's contracts with the drivers.
- _____ The manufacturer shall certify to the Department that it will provide statewide installation and service within fifty miles or one hour's driving time from any location within South Carolina.
- _____ Manufacturers are responsible for developing and implementing a plan to educate drivers and service centers about procedures that should be followed in the event of an emergency situation such as a natural disaster or any event that widely disrupts the normal day-to-day routines of persons and businesses. This plan shall be submitted with this device certification application.
- _____ In conformity with the details stipulated in the current contract, the manufacturer shall provide certification from an independent laboratory that its device has been tested in accordance with the most current model specifications published in the Federal Register by the National Highway Traffic Safety Administration (NHTSA). The laboratory must be ISO accredited, and the device must have been tested within the five years prior to the manufacturer's application.
- _____ At the request of the IID Program Administrator, the manufacturer will install in a vehicle provided by the Department a BAIID of each model for which it seeks certification. The purpose of this installation is for the Department to test the device's practical functionality. The device will remain installed in the Department's vehicle for as long as the Department determines is necessary. The manufacturer will install and remove the device at no cost to the Department. Thereafter the Department may, at the IID Administrator's discretion, periodically request further such installations to test upgrades or changes to the device, or for any reason the Administrator finds necessary to monitor device functionality.
- _____ If the Department certifies the device, the manufacturer will remit a certification fee of \$3,000.00 for use by the Ignition Interlock Device Fund. This fee shall be paid annually as long as the device remains certified by the Department or until the manufacturer withdraws the Device from use in South Carolina.
- _____ If the device is submitted for certification by a party other than the manufacturer, the submitting party will provide a notarized affidavit from the manufacturer of the device certifying that the submitting party is an authorized manufacturer's representative.
- _____ The manufacturer or its authorized representative assumes responsibility for all costs associated with applying for certification of BAIIDs.
- _____ Only after the Department has received all the documentation identified here and required by the current contract, will it review the submitted BAIID and consider it for certification. The Department reserves the right to request additional documents and information as required.
- _____ Failure to meet the requirements contained within this application may result in rejection of the application by the Department. The Department reserves the right to limit or restrict future applications for device certification.
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