# OUTH CAROLAN SOLUTION TO SOLUT

## South Carolina Department of Probation, Parole and Pardon Services

# Ignition Interlock Program

Authority to Reduce Breath Sample of Breath Alcohol Ignition Interlock Device

condition that causes of administering the p	the lungs' air capacity to be reduced. C	has a permanent medical consequently, this individual is not capable of Ignition Interlock Device that requires a
Physician's Signature	Date	2
capacity and cannot p I hereby direct Ignition Interlock Dev	properly administer a breath sample in t	ath sample settings on the Breath Alcohol nat the device will operate correctly [in
Administrator	Date n Interlock Device Program	e

### **Reduced Breath Sample Request Form**

#### Instructions to Driver

**Step 1:** Make an appointment with your physician to have your lung capacity tested.

**Step 2**: If your physician determines that you cannot generate a breath sample in the amount of 1.5 Liters, ask the physician to sign this form and attach to it a brief statement supporting a reduction in size of the breath sample you must administer to the Ignition Interlock Device installed in your vehicle.

Please note that the physician's statement must be provided on the physician's office letterhead. However, no formal diagnosis of the condition causing the reduced lung capacity is required.

**Step 3:** Ask your physician's office to fax this form **AND** the physician's supporting statement to fax # 803-734-9307. The Program will either approve or deny the breath reduction request and will then contact you with further instructions.

**Step 4**: If the Program determines that you qualify for the reduced breath settings, you will need to set up an appointment with your service provider to have the ignition interlock device installed in your vehicle reprogrammed.