



**TO BE COMPLETED BY THE MANUFACTURER REPRESENTATIVE
AND THE SERVICE CENTER TECHNICIAN.**

Use this form only if the technician has been pre-approved by the Department.

**Please print legibly and be sure to retain a copy for your records.*

SECTION 1: TO BE COMPLETED BY THE SERVICE CENTER TECHNICIAN.

Technician's Full Name: _____

Date of Training: _____

Service Center Provider: _____

I, _____ (*Name of technician*) received formal hands-on training on the calibration, installation, service, monitoring, and removal of the _____ (*Manufacturer*) ignition interlock device system by _____ (*Manufacturer Representative*) on _____ (*Date*).

I certify that I feel competent and comfortable performing all of the services listed above. If I have questions I will contact _____ (*Manufacturer Representative*) at _____ (*Contact Information*).

Signature: _____ Date: _____

SECTION 2: TO BE COMPLETED BY THE MANUFACTURER REPRESENTATIVE.

I, _____ (*Name of manufacturer representative*) certify that I trained _____ (*Name of technician*) on the calibration, installation, service, monitoring, and removal of the _____ (*Manufacturer*) ignition interlock device system on _____ (*Date*).

I attest to _____ 's (*Name of technician*) ability to perform all of the services listed above. I understand that the department will conduct random audits and may contact me regarding the contents of this form.

Signature: _____ Date: _____