



## Licensed Driver's Statement at Client's Residence

In accordance with Chapter 15-9, Department of Highway Safety and Motor Vehicles Rules, the following information is requested.

As directed under 15A-9.008 (5), No later than the first service appointment the convicted person (Program Participant) must provide to the Service Provider a statement from **each licensed driver living at the same address as the participant** acknowledging their understanding of the requirements of the use of the Ignition Interlock Device.

I \_\_\_\_\_ am a licensed driver currently living at the residence of  
(Licensed Driver)

\_\_\_\_\_ located at \_\_\_\_\_.  
(Program Participant) (Address)

I fully understand the requirements of the ignition interlock device. I understand I can be trained on the use of the device at any Smart Start service center and can access information regarding the program requirements on the Smart Start website ([www.smartstartinc.com](http://www.smartstartinc.com)).

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Driver Signature