



## Vehicle Driver's Statement

I \_\_\_\_\_ am required to have an ignition interlock device  
(Program Participant)

installed on my vehicle as a requirement of the Department of Highway Safety Motor Vehicles. As directed under 15A-9.008 (4) (b), prior to the installation of the Interlock Device, the convicted person (Program Participant) *must provide* to the Service Provider the Vehicle Identification Number (VIN) of **all motor vehicles owned or routinely driven** by them. (Please Print)

The following are the VIN numbers of all the motor vehicles I own or routinely drive.

_____	_____
VIN	Registered Owner
_____	_____
VIN	Registered Owner
_____	_____
VIN	Registered Owner
_____	_____
VIN	Registered Owner

Additionally, the convicted person (Program Participant) *must provide* the **names of all other operators of the motor vehicles owned or driven by the participant**. I understand that each person listed below is required to sign the Vehicle Drivers Statement at Residence form. (Please Print)

_____	_____
Name	Relationship to Client
_____	_____
Name	Relationship to Client
_____	_____
Name	Relationship to Client
_____	_____
Client Name (Print)	Client Signature