



IGNITION INTERLOCK Client Checklist

****Please initial each space indicating your understanding of Smart Start's requirements.****

- _____ I have watched the training video.
- _____ I received a copy of my written user instructions and understand those instructions.
- _____ The lease agreement was explained to me and I understand it fully.
- _____ The warranty option was explained to me in detail.
- _____ I have read, understand, and accept the lease warranty information and instructions, removal information, and written instructions as explained by the technician and as stated in the lease agreement.
- _____ I have been instructed on the proper use of the device in my own vehicle.
- _____ I understand that I must rinse my mouth out with water prior to any test.
- _____ I understand that I must take a validating test after any failed test. A failed test is any reading other than PASS.
- _____ I understand that bypassing and/or tampering with the device will result in additional charges and notification to my monitoring authority.
- _____ I understand that anyone can drive my vehicle, but they must use the device, and I am responsible for all readings recorded by the device.
- _____ I understand that if I am the driver of the vehicle, letting someone else take a test for me is a program violation.
- _____ I understand that I must maintain a journal of events surrounding failed readings or problems with the device.
- _____ I understand that I must always practice safe driving when using the device. I also understand that I have five (5) minutes to complete the rolling re-test.
- _____ I understand that I must call Smart Start before having services performed on my vehicle so that we may educate the mechanic on how to work with the device.
- _____ I understand I will treat Smart Start employees and technicians respectfully.
- _____ I am comfortable with the preceding and know to call 1-800-880-3394 with any questions or concerns.
- _____ I have been instructed that I can access the Reference and Problem Solving Guide and Information Pamphlet online at www.smartstartinc.com.

Signature of Client _____ Date _____

Printed Name of Client _____ D.O.B. _____

Signature of Tech _____ Date _____

Service Location _____

SMART START, INC.
 500 E Dallas Road Grapevine, TX 76051
 1-800-880-3394 • SmartStartInc.com