KANSAS IGNITION INTERLOCK INSTALLATION / REMOVAL VERIFICATION

06/2007

NOTE TO DRIVER:

Present this form to the Service Provider or Regional Representative of your choice at the time of installation or removal of any device.

NOTE TO SERVICE PROVIDER:				
Complete this form upon installation or removal	l of any de	evice and fax to Driver Cont	rol Bureau at	
Fax # (785) 296-6851.				
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NAME:		Date Of Birth:		
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Address:	City	State	Zip	
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Driver License Number		Duisson's Lie	anna Stata	
Differ License Number		Driver's License State		
INSTALLATION		RE	MOVAL	
Date of Installation_		Date of Removal		
Approved KS Service Provider SMART START OF KANS	SAS		SMART START OF KANSAS	
Model No:		Model No:		
Provider Phone No: 866-747-8278 Signature of Provider:		Provider Phone No: 866-747-8278 Signature of Provider:		
Signature of Frovider:		Signature of Frovider:		
Date of Installation		Date of Removal		
Approved KS Service Provider SMART START OF KANS	SAS		SMART START OF KANSAS	
Model No:		Model No:		
Provider Phone No: <u>866-747-8278</u>		Provider Phone No: 866	-747-8278	
Signature of Provider:		Signature of Provider:		
Date of Installation		Date of Removal		
Approved KS Service Provider SMART START OF KANS	SAS	Approved KS Service Provider _	SMART START OF KANSAS	
Model No:		Model No:		
Provider Phone No: <u>866-747-8278</u>		Provider Phone No: 866	-747-8278	
Signature of Provider:		Signature of Provider:		
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Approved KS Service Provider SMART START OF KANS	DAS		SMART START OF KANSAS	
Model No: 866-747-8278		Model No: 866	-747-8278	
Signature of Provider		Signature of Provider	-/7/-02/0	