

**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 of any device and fax to Driver Control Bureau at Fax # (785) 296-6851.

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NAME: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver License Number \_\_\_\_\_ Driver's License State \_\_\_\_\_

**INSTALLATION**

**REMOVAL**

Date of Installation \_\_\_\_\_  
Approved KS Service Provider SMART START OF KANSAS  
Model No: \_\_\_\_\_  
Provider Phone No: 866-747-8278  
Signature of Provider: \_\_\_\_\_

Date of Removal \_\_\_\_\_  
Approved KS Service Provider SMART START OF KANSAS  
Model No: \_\_\_\_\_  
Provider Phone No: 866-747-8278  
Signature of Provider: \_\_\_\_\_

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