



# IGNITION INTERLOCK Client Checklist

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

\_\_\_\_\_ I have watched the training video.

\_\_\_\_\_ I understand that my interlock can only be calibrated and serviced in the state of NC.

\_\_\_\_\_ I understand that I must drink water before every blow.

\_\_\_\_\_ 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 understand and accept the lease warranty 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 take a validating test after any failed test.

\_\_\_\_\_ I understand that bypassing and/or tampering with the device will result in additional charges and notification of 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 always practice safe driving when using the device. I also understand that I have five (5) minutes to complete the rolling re-test.

\_\_\_\_\_ **I will provide a copy of my driver's license at my first calibration appointment. I understand that I must provide a copy of my lease to my monitoring authority.**

\_\_\_\_\_ **I have been informed that any foreign contaminants that pass into the device may result in a BAC violation, and I have been advised not to eat, drink, or smoke while testing.**

\_\_\_\_\_ I know to call **1-800-880-3394** with any questions or concerns.

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Client \_\_\_\_\_ D.O.B. \_\_\_\_\_

Signature of Tech \_\_\_\_\_ Date \_\_\_\_\_

Service Location: \_\_\_\_\_ NC \_\_\_\_\_

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