

**IGNITION INTERLOCK PROGRAM
VEHICLE SERVICE AFFIDAVIT**



This form shall be completed when a vehicle equipped with a certified ignition interlock device is serviced at a state-licensed automotive repair or service facility.

Attach a copy of all invoices and/or receipts associated with this vehicle service.

Restricted Driver

First Name	Last Name
Driver's License Number	() Phone Number

Vehicle

Vehicle License	State	Make	Model	Color
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Manufacturer of Ignition Interlock Device

Auto Sense CST/Intoxalock Draeger Guardian LifeSafer Smart Start

Vehicle Service

Automotive Service Facility

Name of Facility	Name of Service Technician		
City	State	()	Phone
Date Service Started	Time	Date Service Complete	Time

Automotive Service Technician

I certify under penalty of perjury under the laws of the state of Washington that the foregoing information regarding this vehicle service is true and correct.

First Name	Last Name
Signature	Date