



Tennessee Department of Safety and Homeland Security

Ignition Interlock Program

OWNER'S APPLICATION

<input type="checkbox"/>	Original
<input type="checkbox"/>	Renewal

Vendor Service Center Provider

Affiliated Interlock Manufacturer:				
Owner's Name:				
<small>Last</small>	<small>Middle</small>	<small>First</small>	<small>Date of Birth</small>	
Address:				
<small>Street</small>		<small>City</small>	<small>ST.</small>	<small>ZIP</small>
Phone Number: ()				
Have you ever been convicted, forfeited bond, or are you currently on probation for any felony (or any equal offense under military law)? A felony is defined as an offense punishable by imprisonment for a term of one year or greater. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, explain: (Use separate sheet if needed)				
Does the manufacturer have the ability to submit automated reports via a web service program into the Department's A-List system? <input type="checkbox"/> Yes <input type="checkbox"/> No https://alist-gaeservices.safety.tn.gov/SVC/Interlock				
Do you currently have a valid driver license? <input type="checkbox"/> Yes <input type="checkbox"/> No			D.L. Number	
If no, explain:				
Have your driving privileges ever been revoked, suspended or cancelled in any State? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:				

Are you an employee of the Department of Safety and Homeland Security? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:

Business Name:				
Address: (physical location of installation facility)				
<small>Street</small>		<small>City</small>	<small>State</small>	<small>Zip</small>
Mailing Address: (if different)				
<small>Street</small>		<small>City</small>	<small>State</small>	<small>Zip</small>
Phone Number: ()		Contact Person:		
Business License Number:			County:	
Liability Insurance Carrier:				
Policy Number:			Effective Dates of Policy: <i>From</i> <i>To</i>	
Agents Name:			Phone Number: ()	

Names of Personnel Installing, Servicing, or Uninstalling Ignition Interlock Devices

Technician Application must be completed for each technician listed below.

1.	5.
2.	6.
3.	7.
4.	8.

Business References

Name
Address
Phone Number
Name
Address
Phone Number
Name
Address
Phone Number

I hereby apply for the Ignition Interlock Provider Certificate which shall be valid for one (1) year. I affirm that I have read and understand the obligations of the Ignition Interlock Device Provider set forth in the *Rules of Ignition Interlock Device Program* 1340-03-06 and I am fully capable of carrying out said obligations. I give consent for the Tennessee Department of Safety and Homeland Security to conduct whatever investigations necessary to determine my eligibility to hold such Certificate. I understand that false, misleading, or incomplete information in my application may result in denial, cancellation, suspension, or revocation of the Certificate, as well as possible criminal prosecution and civil action. Under penalty of perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Print: _____

Signature: _____

Date: _____