

**IGNITION INTERLOCK DEVICE
INSTALLATION APPLICATION**

P-246 Rev. 1-2015



STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
DRIVER SERVICES DIVISION
60 State Street, Wethersfield, CT 06161-2525
TELEPHONE: (860) 263-5720

INSTRUCTIONS (Please print or type):

1. Complete part 1 of this form.
2. Contact one of the CT approved vendors and schedule an appointment to install an ignition interlock device.
3. The installer completes part 2 of this form. Mail the completed form along with all fees referenced on your notice of suspension to the address listed above.
4. The vehicle listed on this form must have a valid registration. If the vehicle is registered outside Connecticut, mail a copy of the registration certificate.
5. If you are not the owner of record for the vehicle listed, you must submit authorization form P-248 that is completed and signed by the registered owner of the vehicle.
6. Additional forms and vendor information can be found at ct.gov/dmv.

PART 1 - OPERATOR			
APPLICANT'S NAME (As it appears on your operator's license)			DATE OF BIRTH
(Last)	(First)	(Middle)	
LICENSING STATE	OPERATOR LICENSE NUMBER	(AREA CODE) HOME TELEPHONE NUMBER	
MAILING ADDRESS	(Number and Street)	(City or Town)	(State) (Zip Code)
VEHICLE IDENTIFICATION NUMBER (VIN)			
YEAR	MAKE	REG. PLATE #	STATE

OPERATOR CERTIFICATION

Following approval by the Department of Motor Vehicles, I understand that I must have an Ignition Interlock Device (IID) in each vehicle that I own or operate during the entire time that I am subject to an IID restriction, and that such device must be maintained and calibrated in accordance with DMV regulations.

The statements and information provided to the Commissioner of Motor Vehicles herein are subscribed by me, the undersigned, under penalty of false statement, in accordance with the provisions of Sections 14-110 and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement herein which I do not believe to be true, with the intent to mislead the Commissioner, I will be subject to prosecution.

SIGNATURE	DATE SIGNED
X	

PART 2 - INSTALLER

IID TYPE	IID MODEL	IID SERIAL #	IID VENDOR
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INSTALLED AT (Printed Business Name and Address):

The statements and information provided to the Commissioner of Motor Vehicles herein are subscribed by me, the undersigned, under penalty of false statement, in accordance with the provisions of Sections 14-110 and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement herein which I do not believe to be true, with the intent to mislead the Commissioner, I will be subject to prosecution.

SIGNATURE OF INSTALLER	DATE	PRINTED NAME OF INSTALLER (Last, First, Middle)
X		

**DO NOT OPERATE A MOTOR VEHICLE UNTIL YOU RECEIVE CONFIRMATION
THAT YOU ARE RESTORED AND HAVE A VALID LICENSE.**

ALLOW 10 BUSINESS DAYS FOR PROCESSING