

**IGNITION INTERLOCK DEVICE APPLICATION**  
**TO OPERATE A MOTOR VEHICLE**  
 RS-1 NEW 4-2006

STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**  
 DRIVER SERVICES DIVISION  
 60 State Street, Wethersfield, CT 06161-2525  
 TELEPHONE: (860) 263-5720  
 ON THE WEB AT ct.gov/dmv



**INSTRUCTIONS:**

1. Please print or type.
2. Complete sections 1,2 and 2a.
3. Document not valid without your signature and signature of DMV official.
4. You must identify all vehicles owned or operated. If you own or operate more vehicles than are listed in Part 2, you must list them on a separate sheet as needed.
5. If you have any changes to the vehicles listed below, you must notify the IID Unit by completing Form RS-3.
6. Place in enclosed envelope and return to the IID Unit.

**YOUR OFFICIAL DRIVING RECORD WILL BE REVIEWED AS PART OF THIS APPLICATION.**

**PART 1 - PERSONAL**

APPLICANT'S NAME <i>(As it appears on your operator's license)</i> (Last) (First) (Middle)			DATE OF BIRTH
LICENSING STATE	OPERATOR LICENSE NUMBER	(AREA CODE) HOME TELEPHONE NUMBER	
MAILING ADDRESS (Number and Street)	(City or Town)	(State)	(Zip Code)
RESIDENT ADDRESS <i>(If different)</i> (Number and Street)	(City or Town)	(State)	(Zip Code)

**PART 2 - VEHICLE INFORMATION**

VEHICLE #1	YEAR	MAKE	MODEL	REGISTRATION PLATE NUMBER	STATE
VEHICLE #2	YEAR	MAKE	MODEL	REGISTRATION PLATE NUMBER	STATE
VEHICLE #3	YEAR	MAKE	MODEL	REGISTRATION PLATE NUMBER	STATE
VEHICLE #4	YEAR	MAKE	MODEL	REGISTRATION PLATE NUMBER	STATE
VEHICLE #5	YEAR	MAKE	MODEL	REGISTRATION PLATE NUMBER	STATE

**PART 2a - OPERATOR CERTIFICATION**

I understand that I must have an 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 <b>X</b>	DATE SIGNED
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**DMV USE ONLY**

**PART 3 - OPERATOR ELIGIBILITY STATUS**

<input type="checkbox"/> <b>Eligible</b> Date:	<input type="checkbox"/> <b>Ineligible</b> Reason:		
AUTHORIZED SIGNATURE <b>X</b>	DATE	AUTHORIZED SIGNATURE	DATE