STATE OF DELAWARE
DEPARTMENT OF TRANSPORTATION – DIVISION OF MOTOR VEHICLES

SUBSEQUENT OFFENDER – NEW IGNITION INTERLOCK PROGRAM APPLICATION

Application Date: _____

APPLICANT INFORMATION

Name	Date of Birth
Address	DE Driver License # Expire Date:
City State Zip	Phone: Day Night

VEHICLE INFORMATION:

A separate form must be completed for each vehicle on which the Ignition Interlock Device is to be installed.

Vehicle Identification Number (VIN):		
Make	Model	Year
Vehicle Registration (Tag) Number **(ATTACH COPY OF REGISTRATION CARD)**		Expiration Date
Owners Name	Co-Owners Name	
Address if different than above	City State Zip	

This is to certify that I/we give permission for the applicant to drive the above listed Vehicle and to have the Ignition Interlock Device installed on the vehicle.

_____ _____
Signature of Vehicle Owner Date Signature of Co-owner Date

_____ _____
DMV Witness or Notary Signature Date DMV Witness or Notary Signature Date

The signature(s) of all vehicle owners must be signed on this application.

Proof of insurance MUST be shown at time application is completed and copy attached to application. A letter from the insurance agent is needed if the applicant's name is not on the policy that the applicant will be insured on the Policy and is authorized to drive the above listed vehicle.

IID SERVICE PROVIDER SELECTION - REQUIRED

Please select one of the service providers listed below to provide your interlock device service. Applications will NOT be processed until a service provider is selected.

☐ **SMART START** 1-800-880-3394 – Please contact IID Service Provider for applicable fees and costs.	☐ **NATIONAL INTERLOCK LIFESAFER SYSTEMS** 1-800-374-5760 – Please contact IID Service Provider for applicable fees and costs.

I certify that I have met the requirements specified in 21 Del. C. §4177 G including enrollment in an alcohol education and/or treatment program. I further certify that I have received a copy of the Conditions of Participation specified in 21 Del. C. § 4177 G (f). I will abide by these conditions and understand that failure to abide by these conditions will result in termination from the program and loss of all driving privileges for the complete duration of the revocation period.

_____ _____
Signature of Applicant Date DMV Witness or Notary Signature Date

STAFF INSTRUCTIONS: Submit this completed application along with valid insurance documentation and current registration card to the Dover Administration Office to be approved for installation of the Ignition Interlock Device. ALL signatures must be notarized or witnessed by a Division staff member.

OFFICE USE ONLY: Program: OD PC PT TH Completion Date: ___/___/___ CBR: ☐ Needed ☐ Approved

SUBSEQUENT OFFENDER – NEW IGNITION INTERLOCK PROGRAM
Participant Requirements

The Subsequent Offender Ignition Interlock Device (IID) Program is authorized by 21 Del. C. §4177 G. The following are conditions of the program as specified in 21 Del. C. §4177 G (f)(2). Each subsequent offender is required to abide by these conditions through the duration of the program.

A subsequent offender shall lose the privilege of having a Subsequent Offender IID license for failure to comply with any of the following:

1. The subsequent offender shall abide by the terms of the subsequent offender's lease with the service provider as approved by the Division of Motor Vehicles.
2. The subsequent offender shall comply with Division of Motor Vehicle regulations concerning IID license restrictions.
3. The subsequent offender shall not attempt, nor allow or cause an attempt to bypass, tamper with, disable or remove the IID or its wires in connection.
4. The subsequent offender shall not operate a vehicle without an approved device, or possessing a registration card and a subsequent offender IID license which complies with subsection (f) of this section.
5. The subsequent offender shall not violate any section of this title relating to the use, possession or consumption of alcohol or intoxicating substances;
6. The subsequent offender shall accumulate no more than 5 points per year while participating in the program.
7. The subsequent offender shall continue to meet all eligibility criteria identified in subsection (f) (1) of this section.
8. The subsequent offender shall provide satisfactory proof to the Division of Motor Vehicles that an approved IID has been installed.
9. The subsequent offender shall not fail to or refuse to take random re-test provided by the device.
10. The subsequent offender shall keep scheduled appointments with the Division and the service provider.
11. The subsequent offender shall be driven to the service provider by a licensed driver for installation of the IID equipment.
12. The subsequent offender shall not cause nor allow another individual to bypass or attempt to bypass the device.
13. The subsequent offender shall not fail to pay any and all fines whatsoever assessed during participation in the program pursuant to this title.
14. The subsequent offender shall successfully complete the course of instruction and/or program of rehabilitation.
15. The subsequent offender shall comply with any participation regulations implemented by the Division of Motor Vehicles pursuant to this paragraph.
16. **The subsequent offender will receive written confirmation for approval of the ignition interlock device. The device shall not be installed without prior approval from this Division.**

Non-compliance with the above listed requirements may disqualify subsequent offender from eligibility for the IID license. The offender will be required to maintain the Ignition Interlock Device on all vehicle(s) registered in the name of the offender for the balance of the revocation period.

EXTENSION OF REVOCATION PERIOD FOR VIOLATION OF PROGRAM REQUIREMENTS

The revocation period will be extended 2 months for any combination of three (3) of the below listed requirements.
The revocation period will be extended 4 months for any combination of five (5) of the below listed requirements.
The revocation period will be extended 6 months for any combination of eight (8) of the below listed requirements.
The revocation period will be extended one (1) additional month for each violation of the below listed requirements over 8.

- Each BAC reading of .05 or above
- Start up violation; IE lock-out failure
- Running Retest Violation
- Each missed monitoring appointment
- Tampering with or bypassing the interlock system
- Intentional circumvention of the interlock system or program requirements

Each state has different laws that may further restrict or even prohibit IID licenses when a driver's license status is revoked. It is your responsibility as the holder of an IID license, not the Delaware DMV, to contact the DMV or law enforcement agency in other states to ensure your ability to operate a motor vehicle with an IID license in other jurisdictions.

I certify that I have read the Conditions of Participation above, specified in 21 Del. C. § 4177 G (f)(2). I will abide by these conditions and understand that failure to abide by these conditions will result in termination from the program and loss of all driving privileges for the complete duration of the revocation period.

_____ _____

Signature of Offender Date Signature of Division of Motor Vehicles Personnel Date