Board of Tests for Alcohol and Drug Influence

Enhancing public safety by ensuring the accuracy and scientific reliability of blood and breath testing.

Instructions for the Oklahoma Application for Foreign Installation Verification

(Failure to follow these instructions will delay processing.)

INTERLOCK TECHNICIAN:

- ☐ Fill in each field in Section 1 with the proper information.
- ☐ Review the Oklahoma Interlock Rules (Title 40, Chapter 50) at: http://www.oar.state.ok.us
- ☐ For the device model and version number, please consult our approved device list at: https://www.ok.gov/bot/ignition/app/list_manufacturers.php . Should you have further questions about the approved devices please contact the Board of Tests at 405-425-2460.
- ☐ Install the device in accordance with the manufacturer's specifications and Oklahoma's Rules, and apply the correct settings to the device.

INTERLOCK PARTICIPANT:

- ☐ Fill in each field in Section 2 with the proper information.
- ☐ **Mail** the following items to the Board of Tests (address listed below):
    1. The completed Application for Foreign Installation Verification Form. (*Incomplete forms will be returned to the participant*.)
    2. A business check, cashier's check, or money order payable to "The Board of Tests" in the amount of $10.00. We do not accept personal checks or cash.

The Board of Tests
Foreign Installation Verification
P.O. Box 36307
Oklahoma City, OK 73136-2307

Upon receipt, the forms will be reviewed for accuracy and completeness.
Approved forms will be forwarded to the Oklahoma Department of Public Safety.

Should you have further questions about this form please contact the Board of Tests at 405-425-2460.

Oklahoma Ignition Interlock
Application for Foreign Installation Verification

*Indicates required field

Section 1

Installing Service Center Name* | ( ) Service Center Phone* | ( ) Service Center Fax

Installing Service Center Mailing Address* | City* | State* | Zip Code*

Installing Service Center Physical Address (*if different than mailing address*) | City | State | Zip Code

Vehicle Year* | Vehicle Make* | Vehicle Model* | VIN*

Tag State* | Tag Number* | Interlock Installation Date* | Interlock Device Model* | Interlock Handset Serial Number*

- I have read, understand, and agree to comply with the Oklahoma ignition interlock rules and regulations published in the Oklahoma Administrative Code, Title 40, Chapter 50, section 1-1 *et seq.*
- I understand that failure to comply with the above Oklahoma Ignition Interlock Rules and Regulations could result in administrative action against the manufacturer of the installed device.
- **All violation reports must be sent to the Oklahoma Board of Tests for Alcohol and Drug Influence at interlockreporting@bot.ok.gov.**

Installing Technician's Printed First and Last Name* | **Installing Technician**'s Signature*

VOID

without

$10.00

Decal

(Decal provided by the Oklahoma Board of Tests)

Section 2

Participant's Printed First and Last Name* | Date of Birth*

Mailing Address*

City* | State* | Zip Code* | DL State* | DL Number*

( ) Daytime Phone Number* | ( ) Alternate Phone Number | @ E-mail Address (if available)

Reportable Violations (OAC 40:50-1-3.2):

- Three (3) penalty fails at startup, within a fifteen-minute time frame.
- A circumvention.
- Three (3) retest violations constitute a reportable violation. Each retest fail thereafter constitutes a reportable violation.
- Removal of the device.
- Tampering.
- Permanent Lockout.

By signing this form I affirm I have read - or had read to me - and understand the reportable violations defined in the Oklahoma Administrative Code Title 40:50-1-3.2 "Reportable Violations" as described above. I understand that I am responsible for any and all violations recorded by the ignition interlock device or observed by a technician.

Participant's Signature*

For Office Use Only

Reviewed by: _____ Date: _____

☐**Approved** ☐Denied _____

☐Payment Received: _____ Amount: _____

10/2021