

Out-of-State Ignition Interlock Status Verification

Out-of-state ignition interlock companies must use this form to report ignition interlock activity. In-state vendors must use our portal to submit all reports.

Fax the completed form to (360) 570-4961 or scan and email to interlock@dol.wa.gov.

Driver

PRINT or TYPE Driver name <i>(Last, First, Middle initial)</i>	Date of birth	Driver license number
Mailing address		
City	State	ZIP code

Activity

<p>Check one only</p> <p><input type="checkbox"/> Installation Date _____</p> <p><input type="checkbox"/> Compliant. Date _____</p> <p><input type="checkbox"/> Non-compliant/Non-functioning Date _____</p> <p><input type="checkbox"/> Removal. Date _____</p> <p><input type="checkbox"/> 4-month compliance release Date _____</p> <p><input type="checkbox"/> 180-day compliance release Date _____</p> <p>In the 4 consecutive months or 180 days* prior to this date there have been none of the following incidents:</p> <ul style="list-style-type: none"> • An attempt to start the vehicle with a breath alcohol concentration of .04 or more; • Failure to take or pass any required retest; or • Failure of the person to appear at the ignition interlock vendor when required for maintenance, repair, calibration, monitoring, inspection, or replacement of the device. <p>*Violations on or after July 23, 2017 require a 180-day compliance release.</p>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; padding: 5px;">Vehicle make/model</td> <td style="width: 15%; padding: 5px;">Year</td> <td style="width: 30%; padding: 5px;">License plate number</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Vehicle identification number (VIN)</td> <td style="padding: 5px;">Device number</td> </tr> </table>	Vehicle make/model	Year	License plate number	Vehicle identification number (VIN)		Device number
Vehicle make/model	Year	License plate number				
Vehicle identification number (VIN)		Device number				

Company

PRINT or TYPE Ignition interlock company name	Washington business license number
Name of company representative	(Area code) Phone number
Mailing address	
City	State ZIP code