



Minnesota Department of Public Safety
Driver and Vehicle Services
445 Minnesota St., Suite 177, St. Paul, MN 55101
dvs.ii@state.mn.us
651-296-2948
dps.mn.gov/interlock

Ignition interlock participation agreement

Minnesota driver's license number _____ Date of birth _____

First, middle and last name _____

Address _____ Phone _____

City, State, ZIP code _____ Email _____

Certification

I have reviewed and agree to abide by the Minnesota Ignition Interlock Device Program Guidelines. I understand I will be subject to sanctions if I violate any of the conditions outlined in the program guidelines.

Violations include:

- Tampering, circumventing or bypassing the device
- Operating a vehicle without the ignition interlock device
- Skipping rolling retests
- Skipping a service or monitoring appointment
- Failing a breath test
- Failing to provide at least 30 breath tests to verify abstinence each month (30-day period)
 - Applies to canceled – inimical to public safety drivers only

I certify the information in this document is truthful and accurate. I understand any false information provided may result in termination of my participation in the Minnesota Ignition Interlock Device Program.

Program completion requirements

Once I complete the enrollment period, I must also complete the requirements below to fully reinstate my driver's license:

- Pay all reinstatement fees and surcharges
- Your program provider or treatment facility needs to fax us proof of completion of a licensed substance use disorder treatment or rehabilitation program. Your program provider can submit the necessary documents by fax to 651-797-1738

Tennessen notice

Driver and Vehicle Services (DVS) collects the information on this form for identification purposes to enroll you in the Minnesota Ignition Interlock Device Program (IIDP) and as required by Minnesota Statute 171.306. You are not legally required to complete this form. You can refuse; however, DVS cannot enroll you in the IIDP without it. Your license to drive in Minnesota will remain invalid.

DVS will not share this form with other entities; however, through the program, DVS collects driver's information that may be released to the following: state and federal enforcement agencies; licensing boards and agencies; state and federal courts; law enforcement agencies and prosecutorial authorities; persons and entities named pursuant to a court order; and any other person or entity authorized by state or federal law. DVS will share driver's information with the U.S. Security Administration, U.S. Selective Service System, U.S. Department of Labor, the Minnesota Attorney General's Office and Secretary of State's Office, and the Minnesota Departments of Human Services, Revenue, Commerce, Natural Resources, and Veterans Affairs.

Printed name _____

Date of birth _____

Signature _____

Date _____