



**KENTUCKY IGNITION INTERLOCK PROGRAM APPLICATION**

**INSTRUCTIONS:**

Pursuant to KAR 2:233, Section 2(2), this application will **not** be processed without the following:

- Proof of insurance
- Valid vehicle registration

**Note:** Any applicant who has been diagnosed with a condition that results in diminished lung capacity should submit the Breath Alcohol Ignition Interlock Physician Statement, TC 94-176, along with this application.

**SECTION 1: APPLICANT INFORMATION**

FULL LEGAL NAME ( <i>Print</i> )		EMAIL		PHONE	
STREET ADDRESS		CITY		STATE	ZIP
MAILING ADDRESS ( <i>if different from street address</i> )		CITY		STATE	ZIP
DRIVER LICENSE #		DATE OF BIRTH ( <i>mm/dd/yyyy</i> )			

**SECTION 2: VEHICLE INFORMATION**

VEHICLE # 1 OWNER (*Provide proof of valid registration.*)

PLATE #	VEHICLE IDENTIFICATION #	YEAR	MAKE	MODEL
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VEHICLE # 2 OWNER (*if applicable*) (*Provide proof of valid registration.*)

PLATE #	VEHICLE IDENTIFICATION #	YEAR	MAKE	MODEL
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INSURANCE COMPANY (*Provide proof of insurance.*)

**SECTION 3: REQUEST**

I hereby request authorization from the Kentucky Transportation Cabinet for an ignition interlock device.

\_\_\_\_\_ DATE

**APPLICANT SIGNATURE**

**For KYTC Use Only**

Case #: \_\_\_\_\_  Approved  Denied

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_ DATE

**REVIEWER NAME (*Print*)**      **REVIEWER SIGNATURE**