



Certification of Enrollment in an Impaired Driver Rehabilitation Program (IDRP)

DEPARTMENT OF MOTOR VEHICLES
Agency of Transportation

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Unless you have already completed an alcohol and driving education program approved by IDRP and it is on file with this Department, this certification form must be completed by an authorized representative of IDRP.

This certification, along with a *Certification of Ignition Interlock Device Installation* (form number VL-082), must be submitted to this Department with your *Application for Ignition Interlock Device Restricted Driver's License* (form number VL-080).

Note: This form is for initial Ignition Interlock Device Restricted Driver's License (RDL) applications only. You do not need to complete this form if you are renewing your RDL.

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT

Name: Last		First		Middle
Address Where You Get Your Mail (mailing address):			City:	State: Zip:
Address of Residence (physical address) – <i>This address will be printed on your license</i>			City:	State: Zip:
Social Security Number:		Date of Birth (MM/DD/YYYY):		
The disclosure of your social security or federal identification number is mandatory, is solicited by the authority granted by 42 USC §405(c)(2)(C) and/or §666(a)(13) and will be used by the Department of Motor Vehicles in the administration of motor vehicle, tax and child support laws, to identify individuals affected by such laws.				
Gender:	Eye Color:	Height:	Weight:	Place of Birth (City, State & Country):
Vermont Driver License Number (if known):			Expiration Date of Current License (if known):	
Phone Number:		Email Address:		

WAIVER: I understand the data collected on the ignition interlock device will be forwarded and used by the Department of Corrections and IDRP to monitor and assess my progress, treatment requirements, probation, and for any other reasons deemed necessary. I also understand that I am responsible for all the costs associated with an ignition interlock device.

Signature of Applicant:	Date Signed:
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THIS SECTION IS TO BE COMPLETED BY IDRP

I certify the applicant identified above is enrolled in, or has completed, an alcohol and driving education program as required in 23 VSA §1213 for the purposes of obtaining an Ignition Interlock Restricted Driver's License.

Printed Name of Authorized IDRP Agent:	Title:
Signature of Authorized IDRP Agent:	Date Signed: