

INSTRUCTIONS

Complete this form, add documents, and then return to LifeSafer® via fax or email.

MECHANICAL BYPASS authorization codes are required by your monitoring authority when your interlock equipped vehicle is being serviced. You must use a state-licensed service center.

1. To authorize bypass, complete this form.
2. Attach a copy of the work estimate on company letterhead, invoices and/or receipts associated with this vehicle service/repair.
3. Submit this form via fax or email.

Once received, LifeSafer will review and contact the service center directly with further bypass instructions.

****Please be advised this may take up to 24 hours, but not exceed 48 hours.****

RETURN COMPLETED FORMS TO:

FAX: (844) 663-9931
client.services@lmgholdings.com

| | | |
|-------------------------------|--|------------|
| Restricted Driver Information | Enter your name as it appears on your Driver's License | |
| | First Name: | Last Name: |
| | Driver's License #: | Phone: |

| | | | |
|---------------------|---|----------------|----------------|
| Vehicle Information | Enter vehicle information as it appears on the registration | | |
| | State of License Plate: | Plate Number: | |
| | 17-digit VIN Number: | Vehicle Color: | |
| | Vehicle Year: | Vehicle Make: | Vehicle Model: |

| | | | | |
|--|---|--------|-------------------------------------|--------|
| Mechanic/ Automotive Repair Facility Information | Review for accuracy | | | |
| | Name of Service Facility: | | | |
| | City: | State: | Zip: | Phone: |
| | Date Service Started: | Time: | Estimated Date of Completion: | Time: |
| | Tax ID Number: (Only required for Virginia Mechanics) | | | |
| | Mechanic/Automotive Tech First Name: | | Mechanic/Automotive Tech Last Name: | |

Technician Authorization Signature

I certify under penalty of perjury, under the laws of the state, the foregoing information regarding this vehicle service is true and correct.

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|