

PLEASE RETURN COMPLETED FORMS TO:

FAX: (844) 663-9931

Email: client.services@lmgholdings.com

PA MECHANICS AFFIDAVIT

IGNITION INTERLOCK PROGRAM

INSTRUCTIONS: PLEASE READ

Fax/ Email completed forms to the contact information above to receive further instructions

The 3 items listed below in addition to this completed form are required for any MECHANICAL BYPASS authorization codes when a customer's vehicle that is equipped with a Certified Ignition Interlock Device is being serviced at a state-licensed automotive repair or service repair facility.

1. IID Device Serial Number on bar code on the back of handset device#.
2. This entire form must be filled out completely or bypass cannot nor will not be authorized.
3. A copy of the automotive service center work estimate with a company letterhead; invoices and/or receipts associated with this vehicle service repair.
4. **Once received, WE will review and contact the service center directly with further bypass instructions.**

****Please be advised this make take up to 24hrs but not exceed 48hrs****



LifeSafer

GuardianInterlock

Restricted Driver Information	Please enter your name as it appears on your Driver's License		
	First Name:		Last Name:
	Driver's License #:		Phone#:

Vehicle Information	Please enter vehicle information as it appears on the registration		
	State Issued Plate:		Plate #:
	Complete Vehicle (17-digit VIN Number):		Vehicle Color
	Vehicle Year:	Vehicle Make:	Vehicle Model:

Mechanic/ Automotive Repair Facility Information	Please 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:
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