

**IGNITION INTERLOCK PROGRAM
VEHICLE SERVICE AFFIDAVIT**



This form shall be completed when a vehicle equipped with a Washington State certified ignition interlock device is serviced at a state-licensed automotive repair or service facility. Once completed, this form must be turned in to your ignition interlock provider at your next service appointment.

Attach a copy of all invoices and/or receipts associated with this vehicle service.

Restricted Driver

First Name	Last Name
Driver's License Number	() Phone Number

Vehicle and Ignition Interlock Device Manufacturer

Vehicle License	State	Make	Model	Color	
<input type="checkbox"/> CST/Intoxalock	<input type="checkbox"/> Draeger	<input type="checkbox"/> Guardian	<input type="checkbox"/> LifeSafer	<input type="checkbox"/> Simple	<input type="checkbox"/> Smart Start

Automotive Service Facility

Name of Facility	UBI, State Business License or Dealer Number		
City	() State Phone		
Date Service Started	Time	Date Service Complete	Time

Automotive Service Technician(s)

Name of Technician(s) Performing the Work

Sworn Statements

I certify (or declare) this vehicle was serviced by the listed technician(s) during the timeline indicated above. The service completed on this vehicle was done for the purpose of mechanical repair of the vehicle and the person subject to the interlock restriction did not operate the vehicle during this period of time.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing and all included documents are true and correct ([RCW 9A.72.085](#)).

Print Name	Location Signed
Signature	Date