

DRIVER SOLUTIONS
 300 SW 29th STREET
 PO BOX 2021
 TOPEKA KS 66601-2021

STATE OF KANSAS



DEPARTMENT OF REVENUE
 PHONE: 785-296-3671
 FAX: 785-296-6851
 www.ksrevenue.org

GOVERNOR JEFF COLYER, M.D.
 SAMUEL M. WILLIAMS, SECRETARY

IGNITION INTERLOCK TECHNICIAN APPLICATION

New Application \$40.00 Background check (KBI) Renewal Application Fee \$30.00

Name:			
Last	Middle	First	Date of Birth
Address:			
Street	City	State	ZIP
Phone Number	Email	Social Security Number	
Do you currently have a valid driver license? <input type="checkbox"/> Yes <input type="checkbox"/> No			D.L. Number
If no, explain:			
Citizenship: <input type="checkbox"/> USA <input type="checkbox"/> Other		Do you read, speak, write & understand English?	
Specify:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Background		
Have your driving privileges ever been revoked, suspended, or cancelled in any State? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Have you ever been convicted of, forfeited bond, or are you currently on probation for any felony (or any equal offense under military law)? A felony is defined by K.S.A. 21-5102(a) <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain (Use separate sheet if needed):		
Reason	State	Date
Training		
Are you certified to install interlock devices?		
<input type="checkbox"/> Yes Breath-Alcohol Operators Permit No. <input type="text"/> <input type="checkbox"/> No		
The certification date and name of manufacturer of the ignition interlock device.		
Date	Manufacturer Name	
Experience		
List any experience in providing the services of installation, removal, and servicing ignition interlock devices in other jurisdictions:		
Training from Manufacturer: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Manufacturer: _____ Date of Training: _____		
(Use separate sheet if needed)		

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The Kansas Department of Revenue may deny, suspend, or revoke the privilege of installing an ignition interlock device or the privilege of being an installer for any violation of the law, rules, or regulations relating to the installation, removal, and servicing of such device thereof. The Department may deny, revoke or suspend the installer for the following:

1. Conviction of an operator/owner or instructor of a felony or any crime involving violence, dishonesty, deceit, fraud, indecency or moral turpitude.
2. Knowingly presenting false or misleading information to the Department.
3. Failure or refusal to permit the Department to inspect, audit or investigate the premises, the installation records, etc.
4. Failure to submit the application with supporting documentation within the prescribed time limit.
5. Failure to maintain Department approved standards in instruction, equipment, or facilities.

The presence of alcoholic beverages or narcotic drugs on the premises.

I affirm that I have read and understand the obligations of the Ignition Interlock Device installer set forth in the *Rules of Ignition Interlock Device Program 92-56-1-9* and am fully capable of carrying out said obligations. I give consent for the Kansas Department of Revenue to conduct whatever investigations necessary to determine my eligibility. I understand that false, misleading, or incomplete information in my application may result in denial, cancellation, suspension, or revocation of my application, as well as possible criminal prosecution and civil action. Under penalty of perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true, and correct.

Signature: _____

Date: _____

All applications must be sent to the Kansas Department of Revenue Driver Solutions, Attn: Laurie Martinez, PO Box 2021, Topeka, KS 66601 or Laurie.martinez@ks.gov 785-296-2051 or 785-213-8983 fax: (844)842-7933

For Office Use Only

Reviewed by: _____ Date _____

Approved Denied

Payment Received Amount: _____

****VOID****

Without State Seal