



KANSAS IGNITION INTERLOCK INSTALLATION/REMOVAL VERIFICATION

NOTE TO DRIVER:

Present this form to the Service Provider or Regional Representative of your choice at the time of installation or removal of any device.

NOTE TO SERVICE PROVIDER:

Complete this form upon installation or removal of any device and fax to Driver Solutions at (785) 296- 6851.

K.A.R. 92-56-8c (1-2) (c) upon **removal of the device**, the **service provider** shall ensure that both of the following occur:

- (1) The driver is provided with a report showing the removal of the device. (2) The division is notified, in the form and format designated by the division.

| | | | |
|---------|---------------|-----------------------|----------|
| Name | Date of Birth | Driver License Number | DL State |
| Address | City | State | Zip |

INSTALLATION

REMOVAL

Date of Installation _____

Approved Kansas Service Manufacturer _____

Service Center Name _____

Device Model No: _____

Manufacturer Phone No. _____

Automobile Make _____

Automobile Model _____

Year _____ Automobile Switch

Signature of Manufacturer _____

Date of Removal _____

Approved Kansas Service Manufacturer _____

Service Center Name _____

Device Model No: _____

Manufacturer Phone No. _____

Automobile Make _____

Automobile Model _____

Year _____ Automobile Switch

Signature of Manufacturer _____

Date of Installation _____

Approved Kansas Service Manufacturer _____

Service Center Name _____

Device Model No: _____

Manufacturer Phone No. _____

Automobile Make _____

Automobile Model _____

Year _____ Automobile Switch

Signature of Manufacturer _____

Date of Removal _____

Approved Kansas Service Manufacturer _____

Service Center Name _____

Device Model No: _____

Manufacturer Phone No. _____

Automobile Make _____

Automobile Model _____

Year _____ Automobile Switch

Signature of Manufacturer _____