

**IGNITION INTERLOCK DEVICE  
INSTALLATION APPLICATION**

P-246 Rev. 12-2013



STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**  
DRIVER SERVICES DIVISION  
60 State Street, Wethersfield, CT 06161-2525  
TELEPHONE: (860) 263-5720

**INSTRUCTIONS** (Please print or type):

1. Complete Part 1 of this form and return it to the address above.
2. Submit a check or money order payable to DMV in the amount(s) of \$100.00 for the Ignition Interlock Device administration fee and \$175.00 for the statutorily required restoration fee.
3. The vehicle listed on this form must have a valid registration.
4. If you are not the owner of record for the vehicle listed on this form, you must also submit an Authorization Form (P-248) completed and signed by the owner of the vehicle.
5. To change the vehicle listed on this form, submit a completed Change of Application Record form (P-247).

**YOUR OFFICIAL DRIVING HISTORY WILL BE REVIEWED AS PART OF THIS APPLICATION.**

**PART 1 - OPERATOR**

APPLICANT'S NAME (As it appears on your operator's license)			(Last)	(First)	(Middle)	DATE OF BIRTH
LICENSING STATE	OPERATOR LICENSE NUMBER		(AREA CODE) HOME TELEPHONE NUMBER			
MAILING ADDRESS (Number and Street)		(City or Town)	(State)	(Zip Code)		
YEAR	MAKE	REG. PLATE #	STATE			

**OPERATOR CERTIFICATION**

Following approval by the Department of Motor Vehicles, I understand that I must have an Ignition Interlock Device (IID) in each vehicle that I own or operate during the entire time that I am subject to an IID restriction, and that such device must be maintained and calibrated in accordance with DMV regulations.

The statements and information provided to the Commissioner of Motor Vehicles herein are subscribed by me, the undersigned, under penalty of false statement, in accordance with the provisions of Sections 14-110 and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement herein which I do not believe to be true, with the intent to mislead the Commissioner, I will be subject to prosecution.

SIGNATURE	DATE SIGNED
X	

**PART 2 - INSTALLER**

VEHICLE IDENTIFICATION NUMBER (VIN)	YEAR	MAKE	MODEL	REG. PLATE #	STATE
IID TYPE	IID MODEL	IID SERIAL #	IID VENDOR		

INSTALLED AT (Printed Business Name and Address):

**Following installation, mail the completed IID installation application (P-246) to:  
DMV, Driver Services Division, 60 State Street, Wethersfield, CT 06161-2525.**

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SIGNATURE OF INSTALLER	DATE	PRINTED NAME OF INSTALLER ( Last, First, Middle)
X		