



CERTIFICATION OF INTERLOCK INSTALLATION

SERVICE PROVIDER INFORMATION

B.A.L.D. Manufacturer and Model Number _____

Name of Service Center: _____

Address: _____

Telephone Number: _____

Date of Installation: _____

Signature of Installer: _____

CUSTOMER INFORMATION

Name of Registered Owner: _____

Address: _____

Name of Person ordered to have Interlock installed (If different from owner):

Address: _____

VEHICLE INFORMATION

Make: _____ Model: _____

Year: _____ VIN: _____

License Plate # _____

This form must be completed for each vehicle Interlock Device is installed in and accompanied by service invoice.

*****THIS FORM MAY BE PHOTOCOPIED*****