

STATE OF NEW JERSEY  
Business Licensing Services Bureau

**CERTIFICATION OF INTERLOCK INSTALLATION  
SERVICE PROVIDER INFORMATION**

**B.A.I.I.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):**

\_\_\_\_\_

**VEHICLE INFORMATION**

**Make:** \_\_\_\_\_

**Model:** \_\_\_\_\_

**Year:** \_\_\_\_\_

**VIN:** \_\_\_\_\_

**License Plate #:** \_\_\_\_\_

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

PD 2 (R8/10)