

**IGNITION INTERLOCK DEVICE  
INSTALLATION APPLICATION**

P-246 Rev. 7-2016



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 sign the Operator Certification. If you are not the owner of record for the vehicle listed, the registered owner must complete and sign Part 2.
2. Contact one of the Connecticut approved vendors to schedule an appointment to install the Ignition Interlock Device (IID). The installer must complete and sign Part 3. Submit the completed form to the address above.
3. The vehicle listed on this form must have a valid registration. If the vehicle is registered outside Connecticut, you must submit a copy of the registration certificate.
4. Pay the \$175.00 restoration fee and the \$100.00 IID Administration fee. You may pay the fees online at [ct.gov/dmv](http://ct.gov/dmv) or by a check or money order made payable to DMV and mailed to the above address.
5. Vendor information and additional forms can be found at [ct.gov/dmv](http://ct.gov/dmv)
6. **Your IID requirement starts from the date of restoration not installation.**

**PART 1 - OPERATOR/VEHICLE INFORMATION**

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)	
VEHICLE IDENTIFICATION NUMBER (VIN)						
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 - OWNER INFORMATION/AUTHORIZATION**

VEHICLE OWNER		
ADDRESS		
CITY	STATE	ZIP CODE

I swear or affirm under penalty of false statement in accordance with Connecticut General Statutes §14-110 and §53a-157, and subject to penalties for perjury for a deliberate false statement, that the above information and any attachment is true and correct.

PRINTED NAME OF OWNER	SIGNATURE OF OWNER	DATE SIGNED
	X	

**PART 3 - INSTALLER**

IID TYPE	IID MODEL	IID SERIAL #	IID VENDOR
INSTALLED AT (Printed Business Name and Address):			

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

**DO NOT OPERATE A MOTOR VEHICLE UNTIL YOU RECEIVE CONFIRMATION  
THAT YOU ARE RESTORED AND HAVE A VALID LICENSE.**

**ALLOW 10 BUSINESS DAYS FOR PROCESSING**