



Ignition Interlock Operator's Affidavit
For Out-of-State Residents

(Please Print)

Operator's Name: _____ License#: _____

Date of Birth: _____ Phone#: _____

Residential Address: _____

City/Town: _____ State: _____ Zip: _____

Mailing Address: _____

A PO Box is NOT an acceptable form of Out of State Residency

Initial

I understand that I am required under *Massachusetts General Laws, chapter 90, section 24 and 540 CMR 25.00*, to **install** and **maintain** an **Ignition Interlock Device** on each vehicle that I **own, lease, or operate**, as a condition of operating a motor vehicle in **Massachusetts**.

Initial

I understand that if I fail to equip my vehicle with an **Ignition Interlock Device** while driving in Massachusetts that I am subject to *criminal* fines and penalties.

Initial

In the event that I relocate to another state, I will **NOT** operate a motor vehicle in **Massachusetts** **unless** it is equipped with an **Ignition Interlock Device**, as long as I am required to maintain a device on my vehicle under Massachusetts law.

Initial

I further understand that if I obtain a license in a state that does not require me to install an **Ignition Interlock Device** on my vehicle, that I will **NOT** operate a motor vehicle in **Massachusetts** **unless** it is equipped with an **Ignition Interlock Device**.

Initial

I understand that if I obtain a license from another state and continue to maintain an **Ignition Interlock Device** on my vehicle, I will be credited for the time that I maintained a **Massachusetts Ignition Interlock Device** on my vehicle, should I return to Massachusetts and reapply for a Massachusetts license.

Initial

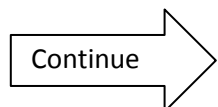
In order to receive credit for the time I maintained an **Ignition Interlock Device** on my vehicle while residing outside of Massachusetts, I must provide the **Massachusetts Registry of Motor Vehicles** with **proof** that I **maintained** and **serviced** the **Ignition Interlock Device**, and was in **good standing**, during that period for which I seek credit.

Initial

I understand that if I currently **reside** in another state or hold an out-of-state license which does **not** require the installation of an **Ignition Interlock Device**, I **cannot** drive a motor vehicle in **Massachusetts** **unless** it is equipped with an **Ignition Interlock Device**.

Initial

I understand that in order to participate in the **Ignition Interlock Program**, I must have an **active license/permit** from **Massachusetts** or an **active, unrestricted Out of State license**, and the **Ignition Interlock Vendor must be required to report to Massachusetts**.



List All Licensed Drivers Residing With the Operator:

For these purposes, "residing" shall mean living in the same household, apartment, or unit number. Use additional pages to list other licensed drivers, if necessary.

(Please Print)

_____	_____	_____
Name	DOB	License #
_____	_____	_____
Name	DOB	License #
_____	_____	_____
Name	DOB	License #
_____	_____	_____
Name	DOB	License #

List Each Vehicle Owned, Leased, Or Driven By the Operator:

Use additional pages to list other vehicles, if necessary.

_____	_____	_____	_____
Make:	Model:	Reg. #:	VIN #
_____	_____	_____	_____
Make:	Model:	Reg. #:	VIN #
_____	_____	_____	_____
Make:	Model:	Reg. #:	VIN #
_____	_____	_____	_____
Make:	Model:	Reg. #:	VIN #

Operator's Signature

Date

Notary Public Information

Notarization: On this _____ day of _____, _____, the undersigned personally appeared and swore under the penalties of perjury that the contents of the document are truthful and accurate to the best of his/her knowledge.

Signature of Notary Public

RMV USE ONLY

Hearings Officer ID: _____

Date: _____