



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

Program Deferment Pursuant to 540 CMR 25.08 (12)

A. Operator's Information (Please print)

Last Name		First Name		Middle Name	Suffix
Date of Birth (MM/DD/YYYY)		License #		Phone #	
Residential Address (Where you actually reside)					
Street		Apt. #	City	State	Zip Code
Mailing Address <input type="checkbox"/> (same as above)					
Street		Apt. #	City	State	Zip Code
Email					

This form must be accompanied by two forms of Acceptable Proof of Out-of-State Residency*

A P.O. Box is NOT an acceptable form of Out-of-State Residency

***See the document "Proof of Out-of-State Residency for Ignition Interlock Operators"**

- 1) _____
Initial I understand that I am required under Massachusetts General Laws, Chapter 90, Section 24 ½ 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.

- 2) _____
Initial Massachusetts General Law (MGL) Chapter 90 Sec. 24S Ignition Interlock Device – Failure to Use: 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 of \$1,000 to \$15,000, and not less than 180 days or up to 2 ½ years in the house of correction for a first offense, and not less than 2 ½ years or up to 5 years in state prison for a second or subsequent offense.

- 3) _____
Initial 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.

- 4) _____
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.

- 5) _____
Initial I understand that, in order to participate in the Massachusetts Ignition Interlock Program, I must have an active license/permit from Massachusetts or an active Out of State license. I understand that the Ignition Interlock Vendor must be an approved service provider under 540 CMR 25.05 in Massachusetts and must provide real time data through the Registry interface. I understand that, if I live out of state, I will only receive credit in the Massachusetts Interlock Program if my Ignition Interlock Device is set to Massachusetts standards and reporting to Massachusetts. I understand it is my responsibility to confirm with my Interlock vendor that my Ignition Interlock Device is reporting to Massachusetts. I understand that failure of a service provider to comply with this criteria may result in my need to demonstrate there have been no infractions or violations, and/or an extension of my time in the Ignition Interlock Program.

- 6) _____
Initial I understand that anyone who allows me to operate a vehicle without an Ignition Interlock Device may be subject to criminal penalties.

- 7) _____
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.

- 8) _____
Initial I understand that the Registrar may exercise her discretionary authority under Massachusetts General Laws Chapter 90, Section 22 (a) if a report of my operation without an Ignition Interlock Device in Massachusetts is received, and that an immediate suspension of my right to operate in Massachusetts may be applied.

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B. List Each Vehicle Owned, Leased, or Driven by the Operator (Use additional pages to list if necessary)

Make	Model	Registration #	VIN #
Make	Model	Registration #	VIN #
Make	Model	Registration #	VIN #
Make	Model	Registration #	VIN #
Make	Model	Registration #	VIN #
Make	Model	Registration #	VIN #

C. Signature

I certify under the penalty of perjury that the information I have provided is true and correct to the best of my knowledge.

Operator's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____