



Ignition Interlock Operator's Affidavit Other Licensed Resident

All licensed residents living in a household with a driver who is required to have an Ignition Interlock Device installed must complete this affidavit and submit it to the Registry of Motor Vehicles. **Photocopy this blank form for additional licensed residents.**

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				

- 1) _____
Initial _____
Massachusetts General Law (MGL) Chapter 90, Sec. 12(c): I understand that, as long as the operator listed below has a restriction requiring an Ignition Interlock Device, he/she may not drive any vehicle that does not have such a device installed. I understand that it is a crime to knowingly allow an operator with an Ignition Interlock Device restriction to operate a vehicle without such a device. I understand that it is punishable by a fine of not more than \$500 and one year in the house of correction on a first offense, and a fine of not more than \$1000 and up to 2 ½ years in the house of correction for a subsequent offense. In addition, the Registrar may revoke my license or registration for up to 1 year.

- 2) _____
Initial _____
Massachusetts General Law (MGL) Chapter 90, Section 24U: I understand that it is a criminal offense to blow into an Ignition Interlock Device for another person, punishable by a fine of not less than \$1,000 and not more than \$5,000, or not less than 6 months not more than 2 ½ years in the house of correction for a first offense, and not less than 3 years nor more than 5 years in state prison for a second or subsequent offense.

- 3) _____
Initial _____
I have read the above terms and conditions and agree to them. I understand that failure to abide by them will subject me to a loss of license or registration, and potential criminal penalties as stated.

B. List All Vehicles Owned and Driven by Licensed Resident (Use additional pages to list if necessary)

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

C. Information about the Driver Requiring the Ignition Interlock Device

Operator's Name	License #
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D. 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: _____